## Case 15-42693 Doc 1 Filed 12/18/15 Entered 12/18/15 14:41:30 Desc Main Document Page 1 of 67

| Fill in this information to identify your case: |                                 |                                   |
|---|---------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                   |
| NORTHERN DISTRICT OF ILLINOIS                   | _                               |                                   |
| Case number (if known)                          | _ Chapter you are filing under: |                                   |
|   | □Chapter 7                      |                                   |
|   | □Chapter 11                     |                                   |
|   | □Chapter 12                     |                                   |
|   | Chapter 13                      | ☐ Check if this an amended filing |

B 101

# Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Identify Yourself  |  |   |
|----|--|--|---|
|    |  | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):                     |
| 1. | Your full name   |  |   |
|    | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee. | Lakisha First name  I Middle name  Harris Last name and Suffix (Sr., Jr., II, III) | First name  Middle name  Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years Include your married or maiden names.  |  |   |
| 3. | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN)   | xxx-xx-5381  |   |

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Case number (if known)

Debtor 1 Lakisha I Harris

| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years  Include trade names and doing business as names |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|--|--|---|--|
|  |  | ■I have not used any business name or EINs.  Business name(s)   | have not used any business name or EINs.  Business name(s)   |
|  |  |   |  |
| 5.   | Where you live                                 | 16 W 518 Honey Suckle Rose Lan, Apt 109<br>Willowbrook, IL 60527  | If Debtor 2 lives at a different address:  |
|  |  | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |
|  |  | DuPage<br>County  | County   |
|  |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|  |  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |
| 6.   | Why you are choosing this district to file for | Check one:  | Check one:   |
| bankruptcy   |  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|  |  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |
|  |  |   |  |

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Document Case number (if known) Debtor 1 Lakisha I Harris

| 7. | Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box.  |                  |  |   |   |  | .C. § 342(b) for Individ                      | luals Filing for Bankruptcy    |
|----|---|------------------|--|---|---|--|---|--------------------------------|
|    | choosing to file under  | ☐ Chap           | ter 7  |   |   |  |   |                                |
|    |   | ☐ Chap           | ter 11   |   |   |  |   |                                |
|    | ☐Chapter 12   |                  |  |   |   |  |   |                                |
|    |   | ■ Chap           | ter 13   |   |   |  |   |                                |
| 8. | How you will pay the fee  | al<br>or         | oout how yo                                    | by the entire fee when I file my petition. Please check with the clerk's office in your local court for more details ow you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with inted address. |   |  |   |                                |
|    |   |                  |  | y the fee in installments. If<br>ee in Installments (Official Fo  |   | e this option, sigr                        | and attach the Applic                         | ation for Individuals to Pay   |
|    |   | □ II<br>bu<br>th | request that<br>ut is not req<br>at applies to | nt my fee be waived (You muired to, waive your fee, and   | nay request<br>d may do so<br>re unable t | o only if your inco<br>o pay the fee in ir | me is less than 150% nstallments). If you cho | oose this option, you must fil |
| ). | Have you filed for bankruptcy within the last 8 years?  | □No. ■Yes.       |  |   |   |  |   |                                |
|    | ·   |                  | District                                       | Northern District of Illinois   | When                                      | 9/30/10                                    | Case number                                   | 10-44195                       |
|    |   |                  | District                                       | IIIIIOIS  |   |  | Case number                                   |                                |
|    |   |                  | District                                       |   | When                                      |  | Case number                                   |                                |
| 0. | Are any bankruptcy<br>cases pending or being<br>filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an | ■No<br>□Yes.     |  |   |   |  |   |                                |
|    | affiliate?  |                  |  |   |   |  |   |                                |
|    |   |                  | Debtor   |   |   |  | Relationship to y                             |                                |
|    |   |                  | District                                       |   | When                                      |  | Case number, if                               |                                |
|    |   |                  | Debtor   |   | \//h =                                    |  | Relationship to y                             |                                |
|    |   |                  | District                                       |   | When                                      |  | Case number, if                               | known                          |
| 1. | Do you rent your residence?   | ■No.             | Go to I  | ine 12.   |   |  |   |                                |
|    |   | □Yes.            | Has yo   | our landlord obtained an evid   | tion judgm                                | ent against you a                          | nd do you want to stay                        | in your residence?             |
|    |   |                  |  | No. Go to line 12.  |   |  |   |                                |
|    |   |                  |  | Yes. Fill out <i>Initial Stateme</i> bankruptcy petition.   | nt About ai                               | n Eviction Judgm                           | ent Against You (Form                         | 101A) and file it with this    |

Debtor 1 Lakisha I Harris Document Page 4 of 67 Case number (if known)

| ar             | Report About Any Bu   | sinesses               | You Own                    | as a Sole Proprietor   |  |  |  |  |  |
|----------------|---|------------------------|----------------------------|--|--|--|--|--|--|
| 12.            | Are you a sole proprietor of any full- or part-time business?   | ■No.                   | Go to                      | Part 4.  |  |  |  |  |  |
|                |   | □Yes.                  | Name                       | e and location of business   |  |  |  |  |  |
|                | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |                        | Name                       | e of business, if any  |  |  |  |  |  |
|                | If you have more than one sole proprietorship, use a separate sheet and attach  |                        | Numb                       | per, Street, City, State & ZIP Code  |  |  |  |  |  |
|                | it to this petition.  |                        | Chec                       | k the appropriate box to describe your business:   |  |  |  |  |  |
|                |   |                        |                            | Health Care Business (as defined in 11 U.S.C. § 101(27A))  |  |  |  |  |  |
|                |   |                        |                            | Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  |  |  |  |  |  |
|                |   |                        |                            | Stockbroker (as defined in 11 U.S.C. § 101(53A))   |  |  |  |  |  |
|                |   |                        |                            | Commodity Broker (as defined in 11 U.S.C. § 101(6))  |  |  |  |  |  |
|                |   |                        |                            | None of the above  |  |  |  |  |  |
| 13.            | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?   | deadline:<br>operation | s. If you in<br>ns, cash-f | filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statements, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedu.C. 1116(1)(B). |  |  |  |  |  |
|                | For a definition of small   | ■No.                   | I am i                     | I am not filing under Chapter 11.  |  |  |  |  |  |
|                | business debtor, see 11 U.S.C. § 101(51D).  | □No.                   | I am t<br>Code             | illing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy  |  |  |  |  |  |
|                |   | □Yes.                  | I am f                     | illing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.   |  |  |  |  |  |
| ar             | t 4: Report if You Own or   | Have Any               | / Hazardo                  | ous Property or Any Property That Needs Immediate Attention  |  |  |  |  |  |
| 14.            | Do you own or have any property that poses or is alleged to pose a threat of imminent and   | ■No.<br>□Yes.          | What is                    | the hazard?  |  |  |  |  |  |
|                | identifiable hazard to<br>public health or safety?<br>Or do you own any<br>property that needs<br>immediate attention?  |                        |                            | diate attention is why is it needed?   |  |  |  |  |  |
|                | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |                        | Where i                    | s the property?  |  |  |  |  |  |
| argoni ropano. |   |                        |                            | Number, Street, City, State & Zip Code   |  |  |  |  |  |

Debtor 1 Lakisha I Harris Document Page 5 of 67

Case number (if known)

Part 5:

15. Tell the court whether you have received a briefing about credit

counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions

about finances.

Disability. My physical disability causes

me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military

combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a | a briefing about cre | edit |
|--------------------------------|----------------------|------|
| counseling because of          |                      |      |

Incapacity. I have a mental illness or a mental deficiency that makes me incapable

of realizing or making rational decisions about finances.

Disability. My physical disability causes me to

be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

to do so.

Active duty. I am currently on active military duty

in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 67 Case number (if known) Debtor 1 Lakisha I Harris Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an you have? individual primarily for a personal, family, or household purpose." Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■No. Go to line 16c. TYes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative ☐Yes. after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses **□**No are paid that funds will □Yes be available for distribution to unsecured creditors? 18. How many Creditors do 1-49 **□**1,000-5,000 **2**5,001-50,000 you estimate that you **□**5001-10,000 **5**0,001-100,000 **□**50-99 owe? **□**10,001-25,000 ☐More than100,000 **□**100-199 **200-999** 19. How much do you \$1,000,001 - \$10 million □\$500,000,001 - \$1 billion \$0 - \$50,000 estimate your assets to □\$10,000,001 - \$50 million □\$1,000,000,001 - \$10 billion **\$50,001 - \$100,000** be worth? □\$50,000,001 - \$100 million \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □\$100,000,001 - \$500 million ☐More than \$50 billion □\$500,001 - \$1 million 20. How much do vou □\$0 - \$50,000 □\$1,000,001 - \$10 million □\$500,000,001 - \$1 billion estimate your liabilities **\$50,001 - \$100,000** □\$10,000,001 - \$50 million □\$1,000,000,001 - \$10 billion to be? □\$50,000,001 - \$100 million □\$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □\$100,000,001 - \$500 million ☐ More than \$50 billion □\$500,001 - \$1 million Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. For you If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11. United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Lakisha I Harris Lakisha I Harris Signature of Debtor 2 Signature of Debtor 1

Executed on

December 18, 2015

MM / DD / YYYY

Executed on

MM / DD / YYYY

Debtor 1 Lakisha I Harris Document Page 7 of 67

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Marcie Venturini                   | Date         | December 18, 2015     |
|--|--------------|-----------------------|
| Signature of Attorney for Debtor       |              | MM / DD / YYYY        |
|  |              |                       |
| Marcie Venturini                       |              |                       |
| Printed name                           |              |                       |
| THE SEMRAD LAW FIRM, LLC               |              |                       |
| Firm name                              |              |                       |
| 20 S. Clark Street                     |              |                       |
| 28th Floor                             |              |                       |
| Chicago, IL 60603                      |              |                       |
| Number, Street, City, State & ZIP Code |              |                       |
| Contact phone (312) 913 0625           | mail address | rsemrad@semradlaw.com |
| 6203500                                |              |                       |
| Bar number & State                     |              | <del></del>           |

|                     |                          | 17()(.11111       | tii Paut o ui u i |                   |
|---------------------|--------------------------|-------------------|-------------------|-------------------|
| Fill in this infor  | mation to identify your  | case:             |                   |                   |
| Debtor 1            | Lakisha I Harris         |                   |                   |                   |
|                     | First Name               | Middle Name       | Last Name         |                   |
| Debtor 2            |                          |                   |                   |                   |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name         |                   |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS       |                   |
| Case number         |                          |                   |                   |                   |
| (if known)          |                          |                   |                   | ☐ Check if amende |

# Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

# Part 1: Summarize Your Assets Your assets Value of what you own Schedule A/B: Property (Official Form 106A/B) 0.00 1a. Copy line 55, Total real estate, from Schedule A/B..... 1b. Copy line 62, Total personal property, from Schedule A/B..... 45.130.00 1c. Copy line 63, Total of all property on Schedule A/B..... 45,130.00 Part 2: Summarize Your Liabilities Your liabilities Amount you owe Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 36.697.00 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D... Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 0.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F...... 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F...... 76,517.00 Your total liabilities Part 3: Summarize Your Income and Expenses Schedule I: Your Income (Official Form 106I) 2,912.88 Copy your combined monthly income from line 12 of Schedule I..... Schedule J: Your Expenses (Official Form 106J) 2.462.00 Copy your monthly expenses from line 22c of Schedule J..... Part 4: Answer These Questions for Administrative and Statistical Records Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. What kind of debt do you have?

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
|    | 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.                              |

4,219.84

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Tot  | al claim  |
|--|------|-----------|
| From Part 4 on Schedule E/F, copy the following:   |      |           |
| 9a. Domestic support obligations (Copy line 6a.)   | \$_  | 0.00      |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$_  | 0.00      |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$_  | 0.00      |
| 9d. Student loans. (Copy line 6f.)   | \$_  | 60,064.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$_  | 0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$_ | 0.00      |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$   | 60,064.00 |

|  |   | Document   | Page 10 of 67  |   |                                   |
|--|---|--|--|---|-----------------------------------|
| Fill in this infor                         | mation to identify your c                                   | ase and this filing:   |  |   |                                   |
| Debtor 1                                   | Lakisha I Harris  |  |  |   |                                   |
| Oobtor O                                   | First Name  | Middle Name  | Last Name  |   |                                   |
| Debtor 2<br>(Spouse, if filing)            | First Name  | Middle Name  | Last Name  |   |                                   |
| United States Ba                           | ankruptcy Court for the:                                    | NORTHERN DISTRICT OF ILL   | INOIS  |   |                                   |
|  | _   |  |  |   |                                   |
| Case number _                              |   |  |  |   | Check if this is a amended filing |
| Official Fo                                | orm 106A/B  |  |  |   |                                   |
| Schedul                                    | e A/B: Prope  | erty   |  |   | 12/15                             |
| t fits best. Be as c<br>nore space is need | complete and accurate as po<br>ded, attach a separate sheet | ems. List an asset only once. If a<br>ssible. If two married people are f<br>to this form. On the top of any ad-<br>and, or Other Real Estate You Ow | iling together, both are equa<br>ditional pages, write your na | lly responsible for supplying                         | correct information. If           |
| Part I. Describe                           | Lacii Residence, Building, L                                | Land, of Other Real Estate Tod Ov  | I of flave all litterest iii                                   |   |                                   |
| l. Do you own or h                         | nave any legal or equitable ir                              | terest in any residence, building,   | land, or similar property?                                     |   |                                   |
| No. Go to Part                             | 2.  |  |  |   |                                   |
| ☐Yes. Where is                             | the property?   |  |  |   |                                   |
| Part 2: Describe                           | Your Vehicles   |  |  |   |                                   |
|  |   |  |  |   |                                   |
| □No<br>■Yes                                |   |  |  |   |                                   |
| 3.1 Make:                                  | Chevrolet   | Who has an interest in th  | e property? Check one.   | Do not deduct secured clause the amount of any secure |                                   |
| Model:                                     | Malibu  | Debtor 1 only  |  | Creditors Who Have Clair                              |                                   |
| _  | 2013  | Debtor 2 only  |  | Current value of the                                  | Current value of the              |
| Approximat<br>Other inforr                 |   |  | •  | entire property?                                      | portion you own?                  |
| Other inion                                | nation.   | At least one of the debto  | rs and another   |   |                                   |
|  |   | Check if this is commu (see instructions)  | nity property  | \$12,550.00   | \$12,550.00                       |
| 3.2 Make:                                  | Chevrolet   | Who has an interest in th  | ne property? Check one.  | Do not deduct secured cla                             |                                   |
|  | Cruze   | Debtor 1 only  |  | Creditors Who Have Clair                              |                                   |
| _  | 2016  | Debtor 2 only  |  | Current value of the                                  | Current value of the              |
| Approximat<br>Other inforr                 |   | Debtor 1 and Debtor 2 o  | •  | entire property?                                      | portion you own?                  |
| Co-Signe                                   |   | Check if this is commu   |  | \$19,000.00   | \$19,000.00                       |
|  |   | (see instructions)   |  |   |                                   |
|  |   |  |  |   |                                   |
| 1. Watercraft, ai                          | rcraft, motor homes, AT                                     | Vs and other recreational veh  | icles, other vehicles, an                                      | d accessories   |                                   |
|  |   | nal watercraft, fishing vessels, s   |  |   |                                   |
|  |   |  |  |   |                                   |
| ■No  |   |  |  |   |                                   |

□Yes

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Case number (if known) Document Debtor 1 Lakisha I Harris 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$31,550.00 pages you have attached for Part 2. Write that number here..... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe..... \$400.00 Furniture 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games No ☐Yes. Describe..... 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No ☐Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No ☐Yes. Describe...... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □No Yes. Describe..... \$350.00 Clothing Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ☐Yes. Describe...... 13. Non-farm animals Examples: Dogs, cats, birds, horses No

☐Yes. Describe......

14. Any other personal and household items you did not already list, including any health aids you did not list

☐Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....

\$750.00

**Describe Your Financial Assets** 

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Case number (if known) Document Debtor 1 Lakisha I Harris

| D   | o you own or have any lega                                 | l or e  | quitable interest in any    | of the following?  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|-----|--|---------|-----------------------------|--|---|
| 16  | Cash Examples: Money you have ■No □Yes                     | ·       |                             | in a safe deposit box, and on hand when you file your petition   |   |
| 17. | institutions. If y   |         |                             | ; certificates of deposit; shares in credit unions, brokerage hou the same institution, list each.                             | ses, and other similar  |
|     | _No<br>■Yes  |         |                             | Institution name:  |   |
|     |  | 17.1.   | Checking Account            | Bank of America - Checking Account   | \$250.00  |
|     |  | 17.2.   | Checking                    | Chase Bank Checking Account  | \$80.00   |
| 18  | Bonds, mutual funds, or p Examples: Bond funds, inv ■No    |         |                             | nge firms, money market accounts   |   |
|     | Yes  |         | Institution or issuer name  | <b>)</b> :   |   |
| 19  | Non-publicly traded stock and joint venture  No            | and     | interests in incorporate    | d and unincorporated businesses, including an interest in  | an LLC, partnership,  |
|     | ☐Yes. Give specific informa                                |         | about them<br>me of entity: | % of ownership:  |   |
| 20  | Negotiable instruments inc                                 | lude p  | personal checks, cashiers   | le and non-negotiable instruments of checks, promissory notes, and money orders. The to someone by signing or delivering them. |   |
|     | ■No □Yes. Give specific informa                            |         | bout them<br>uer name:      |  |   |
| 21  | Retirement or pension ac Examples: Interests in IRA        |         |                             | ), thrift savings accounts, or other pension or profit-sharing pla   | ns  |
|     | ■Yes. List each account se                                 | •       | ely.<br>of account:         | Institution name:<br>TIAA Cref Retirement Account  | \$10,000.00   |
| 22  |  | eposit  | ts you have made so that    | you may continue service or use from a company c utilities (electric, gas, water), telecommunications companies                | s, or others  |
|     | ■No<br>□Yes  |         |                             | Institution name or individual:  |   |
| 23  | _ `  | perio   | dic payment of money to     | you, either for life or for a number of years)   |   |
|     | ■No<br>□YesIssue   | r nam   | e and description.          |  |   |
| 24  | Interests in an education I<br>26 U.S.C. §§ 530(b)(1), 529 |         |                             | ied ABLE program, or under a qualified state tuition progra  | ım.   |
|     |  | ution r | name and description. Sep   | parately file the records of any interests.11 U.S.C. § 521(c):   |   |
| 25  | Trusts, equitable or future  ■No                           | e inte  | rests in property (other    | than anything listed in line 1), and rights or powers exerci-  | sable for your benefit  |

Schedule A/B: Property

Official Form 106A/B

| <b>D</b> . |  | Case 15-4  |  | Doc 1  | Filed 12/18/15<br>Document  | Entered 12/18/1<br>Page 13 of 67  |                        | Desc Main   |
|------------|--|--|--|--|---|---|------------------------|---|
|            | ebtor 1  | Lakisha I Harr   |  |  |   |   | e number (if known)    |   |
|            |  | Give specific infor  |  |  |   |   |                        |   |
|            | <i>Exan</i><br>■No                               | nples: Internet doma   | ain names  | s, websites,   | rets, and other intellecti<br>proceeds from royalties a                     | Lal property and licensing agreements                                       |                        |   |
|            | □Yes.  | Give specific infor  | mation abo   | out them   |   |   |                        |   |
|            | <i>Exan</i><br>■No                               | ses, franchises, a nples: Building pern Give specific infor  | nits, exclus   | sive license   |   | n holdings, liquor licenses,  | professional licens    | es  |
| M          | oney o   | r property owed to   | you?   |  |   |   |                        | Current value of the  |
|            |  |  |  |  |   |   |                        | portion you own?  Do not deduct secured claims or exemptions. |
| 28.        | Tax r  | efunds owed to yo  | u  |  |   |   |                        |   |
|            | □No<br>■Voc                                      | Give specific inform   | mation abo   | out thom is  | actuding whother you alre-  | ady filed the returns and th  | o tax voors            |   |
|            | <b>■</b> 165.                                    | Give specific information  | nation abo   |  | icidaling whether you alle  | ady filed the returns and th  | e lax years            |   |
|            |  |  |  | 20,  | I5 Expected Tax Refur   | nd.   |                        | \$2,500.00  |
|            |  |  |  | 20   | 13 Expedied Tax Reidi   | lu  |                        | φ2,300.00   |
| 30.        | ■No □Yes.  Other Exam ■No □Yes.  Intere Exam □No | Give specific information of amounts someor inples: Unpaid wage benefits; unput Give specific information insurance proples: Health, disab | nation  ne owes yes, disabilition disabilition  policies  illity, or life  ce compar  Comp | ou<br>by insurance<br>you made<br>on insurance<br>on y of each<br>poany name | e payments, disability ber<br>to someone else<br>; health savings account ( | nefits, sick pay, vacation pa<br>(HSA); credit, homeowner's<br>Beneficiary: | ıy, workers' compe     | nsation, Social Security                                      |
|            |  |  | empi   | oyment   |   |   |                        | Ψ0.00   |
|            | If you some                                      |  | y of a living  |  | m someone who has die<br>ect proceeds from a life ir                        | ed<br>nsurance policy, or are curr  | rently entitled to rec | eive property because   |
| 33.        | Exan   |  |  |  | ot you have filed a lawsu<br>insurance claims, or right                     | it or made a demand for s to sue  | payment                |   |
|            | ■No<br>□Yes.                                     | Describe each cla  | im   |  |   |   |                        |   |
| 34.        | <b>Other</b><br>■No                              | contingent and u   | nliquidate   | ed claims  | of every nature, includir   | ng counterclaims of the d   | ebtor and rights to    | o set off claims  |
|            |  | Describe each cla  | im   |  |   |   |                        |   |
| 35.        | <b>Any f</b> i<br>■No                            | inancial assets yo   | u did not  | already lis  | t   |   |                        |   |
|            |  | Give specific infor  | mation   |  |   |   |                        |   |

Schedule A/B: Property

Official Form 106A/B

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| Deb         | otor 1 Lakisha I Harris   |                                | Case number (if known)       |   |
|-------------|---|--------------------------------|------------------------------|---|
| 36.         | Add the dollar value of all of your entries from Part 4, include for Part 4. Write that number here                               |                                |                              | \$12,830.00   |
| Part        | 5: Describe Any Business-Related Property You Own or Have an Int  | erest In. List any real estate | e in Part 1.                 |   |
| 7. <b>C</b> | Oo you own or have any legal or equitable interest in any business-rela   | ated property?                 |                              |   |
|             | No. Go to Part 6.   |                                |                              |   |
|             | Yes. Go to line 38.   |                                |                              |   |
| Part        | 6: Describe Any Farm- and Commercial Fishing-Related Property You fly you own or have an interest in farmland, list it in Part 1. | ou Own or Have an Interest     | In.                          |   |
| 6.          | Do you own or have any legal or equitable interest in any far   | m- or commercial fishi         | ng-related property?         |   |
|             | No. Go to Part 7.   |                                |                              |   |
|             | ☐Yes. Go to line 47.  |                                |                              |   |
|             |   |                                |                              | Current value of the  |
|             |   |                                |                              | portion you own?  Do not deduct secured claims or exemptions. |
| Part        | 7: Describe All Property You Own or Have an Interest in That You Di   |                                |                              |   |
|             | Examples: Season tickets, country club membership   |                                |                              |   |
|             | No  |                                |                              |   |
|             | Yes. Give specific information  |                                |                              |   |
|             |   |                                |                              |   |
| 54.         | Add the dollar value of all of your entries from Part 7. Write  | that number here               |                              | \$0.00  |
| Part        | 8: List the Totals of Each Part of this Form  |                                |                              |   |
| 55.         | Part 1: Total real estate, line 2   |                                |                              | \$0.00  |
|             | Part 2: Total vehicles, line 5  | \$31,550.00                    |                              | Ψ0.00   |
| 57.         | Part 3: Total personal and household items, line 15   | \$750.00                       |                              |   |
| 58.         | Part 4: Total financial assets, line 36   | \$12,830.00                    |                              |   |
| 59.         | Part 5: Total business-related property, line 45  | \$0.00                         |                              |   |
| 60.         | Part 6: Total farm- and fishing-related property, line 52   | \$0.00                         |                              |   |
| 61.         | Part 7: Total other property not listed, line 54  | + \$0.00                       |                              |   |
| 62.         | Total personal property. Add lines 56 through 61  | \$45,130.00                    | Copy personal property total | \$45,130.00   |
|             |   |                                |                              |   |

Official Form 106A/B Schedule A/B: Property page 5

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$45,130.00

|                     |                          |                   | III FAUE 13 ULU7 |                                      |
|---------------------|--------------------------|-------------------|------------------|--------------------------------------|
| Fill in this info   | rmation to identify your | case:             |                  |                                      |
| Debtor 1            | Lakisha I Harris         |                   |                  |                                      |
|                     | First Name               | Middle Name       | Last Name        |                                      |
| Debtor 2            |                          |                   |                  |                                      |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name        |                                      |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS      |                                      |
| Case number         |                          |                   |                  |                                      |
| (if known)          |                          |                   |                  | ☐ Check if this is an amended filing |

# Official Form 106C

# Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - ■You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim      |   | Specific laws that allow exemption |
|--|--------------------------------------|--|---|------------------------------------|
|  | Copy the value from<br>Schedule A/B  | Check only one box for each exemption. |   |                                    |
| 2013 Chevrolet Malibu 45000 miles<br>Line from <i>Schedule A/B</i> : 3.1               | \$12,550.00                          | <b>=</b>                               | \$2,400.00  | 735 ILCS 5/12-1001(c)              |
| Ellie Helli estisadis 772. C. I  |                                      |  | of fair market value, up to<br>olicable statutory limit |                                    |
| Furniture  | \$400.00                             |  | \$400.00  | 735 ILCS 5/12-1001(b)              |
| Ellie Holli Geriodale PAB. G. I  |                                      |  | of fair market value, up to<br>olicable statutory limit |                                    |
| Clothing Line from Schedule A/B: 11.1  | \$350.00                             |  | \$350.00  | 735 ILCS 5/12-1001(a)              |
| Ellic Holli Golloddio 772. TT.T  |                                      |  | of fair market value, up to<br>olicable statutory limit |                                    |
| Checking Account: Bank of America -<br>Checking Account                                | \$250.00                             | <b>.</b>                               | \$250.00  | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: 17.1   |                                      |  | of fair market value, up to<br>olicable statutory limit |                                    |
| Checking: Chase Bank Checking<br>Account   | \$80.00                              | <b></b>                                | \$80.00   | 735 ILCS 5/12-1001(b)              |
| Line from <i>Schedule A/B</i> : 17.2   |                                      |  | of fair market value, up to olicable statutory limit    |                                    |

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Case number (if known)

| f description of the property and line on | Current value of the  | Amo   | ount of the exemption you claim  | Specific laws that allow exemption   |
|---|---|---|--|--|
| edule A/B that lists this property        | Copy the value from   | Che   | ck only one box for each exemption.  |  |
| A Cref Retirement Account                 | \$10,000.00   | •   | \$10,000.00  | 735 ILCS 5/12-1006   |
| FIIOIII Schedule A.B. 21.1                |   |   | 100% of fair market value, up to any applicable statutory limit  |  |
| 5 Expected Tax Refund                     | \$2,500.00  |   | \$2,500.00   | 735 ILCS 5/12-1001(b)  |
| FIIOIII Schedule A.B. 20.1                |   |   | 100% of fair market value, up to any applicable statutory limit  |  |
| m life insuracne policy through           | \$0.00  |   | \$0.00   | 215 ILCS 5/238   |
| e from Schedule A/B: 31.1                 |   |   | 100% of fair market value, up to any applicable statutory limit  |  |
|   | y 3 years after that for ca   | ases fi   |  |  |
|   | A Cref Retirement Account from Schedule A/B: 21.1  5 Expected Tax Refund from Schedule A/B: 28.1  m life insuracne policy through ployment from Schedule A/B: 31.1  you claiming a homestead exemption oject to adjustment on 4/01/16 and every | portion you own Copy the value from Schedule A/B  A Cref Retirement Account from Schedule A/B: 21.1  5 Expected Tax Refund from Schedule A/B: 28.1  m life insuracne policy through ployment from Schedule A/B: 31.1  you claiming a homestead exemption of more than \$155,67 bject to adjustment on 4/01/16 and every 3 years after that for calculations are supported by the support of th | portion you own Copy the value from Schedule A/B  A Cref Retirement Account from Schedule A/B: 21.1  5 Expected Tax Refund from Schedule A/B: 28.1  m life insuracne policy through ployment from Schedule A/B: 31.1  you claiming a homestead exemption of more than \$155,675? oject to adjustment on 4/01/16 and every 3 years after that for cases for the schedule from Schedule A/B: 3 years after that for cases for the schedule A/B is the schedule A/B: 3 years after that for cases for the schedule A/B is the | Portion you own Copy the value from Schedule A/B  A Cref Retirement Account from Schedule A/B: 21.1  A Cref Retirement Account from Schedule A/B: 21.1  S Expected Tax Refund from Schedule A/B: 28.1  S Expected Tax Refund from Schedule A/B: 31.1  S Expected Tax Refund from Schedule A/B: 31.0  S Expected Tax |

| Ous   | C 10 42000              | Document Page  | 2 17 (    | of 67                             | —  | iani              |
|---|-------------------------|--|-----------|-----------------------------------|--|-------------------|
| Fill in this informa                        | tion to identify you    |  |           |                                   |  |                   |
| Debtor 1                                    | Lakisha I Harris        |  |           |                                   |  |                   |
|   | First Name              | Middle Name Last Nan   | ne        |                                   |  |                   |
| Debtor 2<br>(Spouse if, filing)             | First Name              | Middle Name Last Nan   | 20        |                                   |  |                   |
| (Spouse II, IIIIIIg)                        | First Name              |  | ie        |                                   |  |                   |
| United States Bank                          | ruptcy Court for the    | : NORTHERN DISTRICT OF ILLINOIS  |           |                                   |  |                   |
| Case number                                 |                         |  |           |                                   |  |                   |
| (if known)                                  |                         |  |           |                                   | ☐ Check                                      | if this is an     |
|   |                         |  |           |                                   | ameno  | led filing        |
| Official Form                               | 106D                    |  |           |                                   |  |                   |
|   |                         | Who Have Claims Secu   | rod       | by Proporty                       |  | 42/4E             |
| Scriedule D                                 | . Creditors             | Who Have Claims Secu   | reu       | by Property                       | <u>y                                    </u> | 12/15             |
|   |                         | f two married people are filing together, both are,<br>, number the entries, and attach it to this form. ( |           |                                   |  |                   |
| 1. Do any creditors ha                      | ve claims secured by    | your property?   |           |                                   |  |                   |
| ☐No. Check thi                              | s box and submit th     | is form to the court with your other schedule  | s. You    | have nothing else to              | report on this form.                         |                   |
| Yes. Fill in all                            | of the information b    | pelow.   |           |                                   |  |                   |
| Part 1: List All S                          | Secured Claims          |  |           |                                   |  |                   |
| <u> </u>                                    |                         | nore than one secured claim, list the creditor separa  | ately for | Column A                          | Column B                                     | Column C          |
| each claim. If more that                    | an one creditor has a p | particular claim, list the other creditors in Part 2. As ler according to the creditor's name.             |           | Amount of claim Do not deduct the | Value of collateral that supports this       | Unsecured portion |
|   |                         | •  |           | value of collateral.              | claim  | If any            |
| 2.1 Consumer P                              | ortfolio Svc            | Describe the property that secures the claim:  |           | \$16,697.00                       | \$12,550.00                                  | \$4,147.00        |
| Creditor's Name                             |                         | 2013 Chevrolet Malibu 45000 miles  |           |                                   |  |                   |
| Attn:Bankrup                                | otcv                    |  |           |                                   |  |                   |
| 19500 Jamb                                  | -                       | As of the date you file, the claim is: Check all the apply.  | at        |                                   |  |                   |
| Irvine, CA 92                               | 2612                    | Contingent   |           |                                   |  |                   |
| Number, Street, Ci                          | ty, State & Zip Code    | □Jnliquidated  |           |                                   |  |                   |
|   |                         | Disputed   |           |                                   |  |                   |
| Who owes the debt                           | ? Check one.            | Nature of lien. Check all that apply.  |           |                                   |  |                   |
| Debtor 1 only                               |                         | An agreement you made (such as mortgage or<br>car loan)  | secured   | l                                 |  |                   |
| Debtor 2 only                               | · 2 only                |  | ١         |                                   |  |                   |
| Debtor 1 and Debtor  At least one of the de | -                       | ☐Statutory lien (such as tax lien, mechanic's lien☐Judgment lien from a lawsuit                            | )         |                                   |  |                   |
| Check if this claim community debt          |                         |  |           |                                   |  |                   |
|   | Opened                  |  |           |                                   |  |                   |
|   | 10/01/15                |  |           |                                   |  |                   |
|   | Last Active             |  |           |                                   |  |                   |
| Date debt was incurred                      | ed 11/30/15             | Last 4 digits of account number 60   | )70       |                                   |  |                   |
| 2.2 GM Financia                             | nl                      | Describe the property that secures the claim:  |           | \$20,000.00                       | \$19,000.00                                  | \$1,000.00        |
| Creditor's Name                             | ···                     | 2016 Chevrolet Cruze 1000 miles  |           | Ψ20,000.00                        | Ψ10,000.00                                   | Ψ1,000.00         |
|   |                         | Co-Signer Only   |           |                                   |  |                   |
| DO D 4000                                   | 004                     | As of the date you file, the claim is: Check all the   | at        |                                   |  |                   |
| PO Box 1838                                 |                         | apply.   |           |                                   |  |                   |
| Arlington, TX                               |                         | Contingent   |           |                                   |  |                   |
| Number, Street, Cr                          | ty, State & Zip Code    | ☐Jnliquidated☐Disputed   |           |                                   |  |                   |
| Who owes the debt                           | ? Check one.            | Nature of lien. Check all that apply.  |           |                                   |  |                   |
| Debtor 1 only                               |                         | ☐An agreement you made (such as mortgage or  | secureo   | I                                 |  |                   |
| Debtor 2 only                               |                         | car loan)  |           |                                   |  |                   |
| ☐Debtor 1 and Debtor                        | 2 only                  | ☐Statutory lien (such as tax lien, mechanic's lien   | )         |                                   |  |                   |
| At least one of the d                       | ebtors and another      | ☐Judgment lien from a lawsuit  |           |                                   |  |                   |

☐Check if this claim relates to a

community debt

☐Other (including a right to offset)

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| Debtor 1                  | Lakisha I Harris                           |  |  | Case number (if know)  |                   |
|---------------------------|--|--|--|--|-------------------|
|                           | First Name                                 | Middle Name                                  | Last Name                                |  |                   |
| Date debt                 | was incurred                               |  | ast 4 digits of account number           |  |                   |
|                           |  |  |  |  |                   |
| Add the                   | dollar value of your en                    | tries in Column A or                         | n this page. Write that number here:     | \$36,697.00  |                   |
|                           | the last page of your f<br>at number here: | orm, add the dollar v                        | alue totals from all pages.              | \$36,697.00  |                   |
| Part 2:                   | List Others to Be N                        | otified for a Debt                           | That You Already Listed                  |  |                   |
| to collect<br>creditor fo | from you for a debt you                    | u owe to someone el<br>you listed in Part 1, | lse, list the creditor in Part 1, and th | at you already listed in Part 1. For example, if a collection list the collection agency here. Similarly, if you hat you do not have additional persons to be notified for | ive more than one |
| Na                        | ame Address                                |  |  |  |                   |
|                           | M Financial<br>D Box 182963                |  | On whi                                   | ch line in Part 1 did you enter the credito  | or?               |
| Ch                        | nicago, IL 60628                           |  | Last 4 d                                 | digits of account number   |                   |

|   |   | Document   | <u>Page</u>  | 19 Of 6 /   |  |  |
|---|---|--|--|---|--|--|
| Fill in   | this information to identify your   | case:  |  |   |  |  |
| Debto   | r 1 Lakisha I Harris  |  |  |   |  |  |
|   | First Name  | Middle Name  | Last Name  |   |  |  |
| Debtoi<br>(Spouse                                 |   | Middle Name  | Last Name  |   |  |  |
| ` '   |   |  |  |   |  |  |
| United  | States Bankruptcy Court for the:  | NORTHERN DISTRICT OF   | ILLINOIS   |   |  |  |
| Case r  | number  |  |  |   |  |  |
| (if knowr   | n)  |  |  |   | ☐ Check if the   |  |
|   |   |  |  |   | amended f  | iling  |
| ∩ffic   | ial Form 106E/F   |  |  |   |  |  |
|   |   | Who Have Uncor   | ourad Cl   | oime  |  | 40/45  |
|   | edule E/F: Creditors  |  |  |   |  | 12/15  |
| any exe<br>Schedu<br>D: Cred<br>the Con<br>number | cutory contracts or unexpired leases to le G: Executory Contracts and Unexpitors Who Have Claims Secured by Pritinuation Page to this page. If you have (if known). | that could result in a claim. Also<br>ired Leases (Official Form 106G)<br>operty. If more space is needed,<br>re no information to report in a P | o list executory<br>). Do not include<br>, copy the Part | I Part 2 for creditors with NONPRIORITY of contracts on Schedule A/B: Property (Offe any creditors with partially secured clair you need, fill it out, number the entries in that Part. On the top of any additional page | ficial Form 106A<br>ms that are liste<br>the boxes on th | A/B) and on<br>ed in Schedule<br>ne left. Attach |
| Part 1  | List All of Your PRIORITY Ur  | secured Claims   |  |   |  |  |
| 1.  | Do any creditors have priority unsecu   | red claims against you?  |  |   |  |  |
|   | No. Go to Part 2.   |  |  |   |  |  |
|   | □Yes.   |  |  |   |  |  |
| Part 2  | List All of Your NONPRIORIT   | Y Unsecured Claims   |  |   |  |  |
| 3.  | Do any creditors have nonpriority uns   | secured claims against you?  |  |   |  |  |
|   | ☐No. You have nothing to report in this   | part. Submit this form to the court  | with your other  | schedules.  |  |  |
|   | Yes.  |  |  |   |  |  |
|   | unsecured claim, list the creditor separa   | ately for each claim. For each claim   | n listed, identify v                                     | who holds each claim. If a creditor has moweast type of claim it is. Do not list claims alrest than three nonpriority unsecured claims fill of  | ady included in F  | Part 1. If more tion Page of                     |
| 4.4   |   |  |  | 0540  |  |  |
| 4.1   | Aargon Collection Agency  Nonpriority Creditor's Name   | Last 4 digits of acc   | count number   | 6512  | \$   | 194.00   |
|   | 3025 West Sahara Ave<br>Las Vegas, NV 89102   | When was the deb   | t incurred?  | Opened 1/01/14  |  |  |
|   | Number Street City State Zlp Code   | As of the date you   | file, the claim i  | s: Check all that apply   |  |  |
|   | Who incurred the debt? Check one.   | Contingent   |  |   |  |  |
|   | Debtor 1 only   | Болинден   |  |   |  |  |
|   | Debtor 2 only   | □Jnliquidated  |  |   |  |  |
|   | Debtor 1 and Debtor 2 only  | Disputed   |  |   |  |  |
|   | ☐At least one of the debtors and anot   | Town of MONDRIO  | RITY unsecure  | d claim:  |  |  |
|   | Check if this claim is for a committee  | <u></u>  |  |   |  |  |
|   | Is the claim subject to offset?   | Dbligations arisin   | •  | ation agreement or divorce that you did   |  |  |
|   | No  |  | •  | plans, and other similar debts  |  |  |
|   | ∐Yes  | Other. Specify   | Collec   | tion Attorney Six Flags Membersh  | ip   |  |
| 4.2   | City of Chicago   | Last 4 digits of acc   | count number   |   | \$   | 1,000.00   |
|   | Nonpriority Creditor's Name   |  |  |   | <b>*</b>   |  |
|   | 33 N. LaSalle St.   | When was the deb   | t incurred?  |   |  |  |
|   | Suite 1200<br>Chicago, IL 60602   |  |  |   |  |  |
|   | Number Street City State Zlp Code   | As of the date you   | file, the claim  | s: Check all that apply   |  |  |

| Debtor | Case 15-42693 Doc 1  1 Lakisha I Harris               | Filed 12/18/15 Entered 12/18/15 14:41:30 Document Page 20 of 67 Case number (if know)                   | Desc Main |       |
|--------|---|---|-----------|-------|
|        | Who incurred the debt? Check one.                     | Contingent  |           |       |
|        | Debtor 1 only   |   |           |       |
|        | Debtor 2 only   |   |           |       |
|        | Debtor 1 and Debtor 2 only                            | Disputed  |           |       |
|        | At least one of the debtors and another               | Type of NONPRIORITY unsecured claim:  |           |       |
|        | Check if this claim is for a community debt           | Student loans   |           |       |
|        | Is the claim subject to offset?                       | Dbligations arising out of a separation agreement or divorce that you did not report as priority claims |           |       |
|        | No  | Debts to pension or profit-sharing plans, and other similar debts                                       |           |       |
|        | _Yes  | Other. Specify  |           |       |
| 4.3    | Cybrcollect   | Last 4 digits of account number 6360  | \$        | 62.00 |
|        | Nonpriority Creditor's Name 3 Easton Oval Ste 210     | When was the debt incurred?   |           |       |
|        | Columbus, OH 43219  Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply   |           |       |
|        | Who incurred the debt? Check one.                     | Contingent  |           |       |
|        | Debtor 1 only   | <b>_</b>  |           |       |
|        | Debtor 2 only   | □Jnliquidated   |           |       |
|        | Debtor 1 and Debtor 2 only                            | Disputed  |           |       |
|        | ☐At least one of the debtors and another              | Type of NONPRIORITY unsecured claim:  |           |       |
|        | ☐Check if this claim is for a community debt          | □Student loans  |           |       |
|        | Is the claim subject to offset?                       | Dbligations arising out of a separation agreement or divorce that you did not report as priority claims |           |       |
|        | ■No   | Debts to pension or profit-sharing plans, and other similar debts                                       |           |       |
|        | <u></u> Yes   | Other. Specify 01 Ihop 5414   |           |       |
| 4.4    | Cybrcollect   | Last 4 digits of account number 2600  | \$        | 60.00 |
|        | Nonpriority Creditor's Name<br>3 Easton Oval Ste 210  | When was the debt incurred?   |           |       |
|        | Columbus, OH 43219  Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply   |           |       |
|        | Who incurred the debt? Check one.                     | Contingent  |           |       |
|        | Debtor 1 only   |   |           |       |
|        | Debtor 2 only   | □Jnliquidated   |           |       |
|        | Debtor 1 and Debtor 2 only                            | Disputed  |           |       |
|        | ☐At least one of the debtors and another              | Type of NONPRIORITY unsecured claim:  |           |       |
|        | □Check if this claim is for a community debt          | □Student loans  |           |       |
|        | Is the claim subject to offset?                       | Dbligations arising out of a separation agreement or divorce that you did not report as priority claims |           |       |
|        | No  | Debts to pension or profit-sharing plans, and other similar debts                                       |           |       |
|        | ∐Yes  | Other. Specify 01 Ihop 5438   |           |       |
| 4.5    | Cybrcollect   | Last 4 digits of account number 5860  | \$        | 88.00 |

Nonpriority Creditor's Name 3 Easton Oval Ste 210

Columbus, OH 43219

Number Street City State Zlp Code

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Case 15-42693 Doc 1 Filed 12/18/15 Entered 12/18/15 14:41:30 Desc Main Document Page 21 of 67 Debtor 1 Lakisha I Harris Case number (if know) Who incurred the debt? Check one. □Contingent Debtor 1 only ■Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another Check if this claim is for a community ☐Student loans debt Is the claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts No □Yes 01 lhop 5414 Other. Specify 4.6 Dept Of Ed/Navient 3,991.00 0825 Last 4 digits of account number \$ Nonpriority Creditor's Name Attn: Claims Dept Opened 8/01/10 Last Po Box 9400 When was the debt incurred? Active 11/30/15 Wilkes Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □Contingent Debtor 1 only Debtor 2 only ■Unliquidated Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another Check if this claim is for a community Student loans Is the claim subject to offset? Dbligations arising out of a separation agreement or divorce that you did not report as priority claims No Debts to pension or profit-sharing plans, and other similar debts □Yes □Other. Specify Educational 4.7 2,434.00 Dept Of Ed/Navient 0703 Last 4 digits of account number \$ Nonpriority Creditor's Name Attn: Claims Dept Opened 7/01/12 Last When was the debt incurred? Active 11/30/15 Po Box 9400 Wilkes Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Contingent Debtor 1 only Debtor 2 only ■Unliquidated Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐Check if this claim is for a community Student loans Is the claim subject to offset? Dbligations arising out of a separation agreement or divorce that you did not report as priority claims

4.8 Dept Of Ed/Navient
Nonpriority Creditor's Name

No

**□**Yes

Last 4 digits of account number

□Other. Specify

Debts to pension or profit-sharing plans, and other similar debts

Educational

0920

\$ 2,249.00

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Case number (if know)

| Deptor | Lakisha i Harris   |  | Case number (if know)                   |    |          |  |  |
|--------|--|--|---|----|----------|--|--|
|        | Attn: Claims Dept Po Box 9400                            | When was the debt incurred?  | Opened 9/01/11 Last<br>Active 11/30/15  |    |          |  |  |
|        | Wilkes Barr, PA 18773  Number Street City State Zlp Code |  |   |    |          |  |  |
|        | Who incurred the debt? Check one.                        | Contingent   |   |    |          |  |  |
|        | Debtor 2 only  | □ Inliquidated   |   |    |          |  |  |
|        | Debtor 2 only  | □Unliquidated  |   |    |          |  |  |
|        | Debtor 1 and Debtor 2 only                               | Disputed   | I alaimi                                |    |          |  |  |
|        | At least one of the debtors and another                  | Type of NONPRIORITY unsecured  | i ciaim:                                |    |          |  |  |
|        | Check if this claim is for a community debt              | Student loans  |   |    |          |  |  |
|        | Is the claim subject to offset?                          | ☐Obligations arising out of a separation not report as priority claims   | ation agreement or divorce that you did |    |          |  |  |
|        | No   | Debts to pension or profit-sharing   | plans, and other similar debts          |    |          |  |  |
|        | <b>□</b> Yes   | □Other. Specify Educa  | tional                                  |    |          |  |  |
| 4.9    | Dept Of Ed/Navient                                       | Land B. Marie Commission of the Commission of th | 0615                                    | •  | 3,199.00 |  |  |
| 1.0    | Nonpriority Creditor's Name                              | Last 4 digits of account number  | 0013                                    | \$ | 3,199.00 |  |  |
|        | Attn: Claims Dept<br>Po Box 9400                         | When was the debt incurred?  | Opened 6/01/10 Last<br>Active 11/30/15  |    |          |  |  |
|        | Wilkes Barr, PA 18773  Number Street City State Zlp Code | s: Check all that apply  |   |    |          |  |  |
|        | Who incurred the debt? Check one.                        | Contingent   |   |    |          |  |  |
|        | Debtor 1 only  | -  |   |    |          |  |  |
|        | Debtor 2 only  |  |   |    |          |  |  |
|        | Debtor 1 and Debtor 2 only                               |  |   |    |          |  |  |
|        | ☐At least one of the debtors and another                 | Type of NONPRIORITY unsecured  | d claim:                                |    |          |  |  |
|        | Check if this claim is for a community debt              | Student loans  |   |    |          |  |  |
|        | Is the claim subject to offset?                          | Dbligations arising out of a separation not report as priority claims  |   |    |          |  |  |
|        | No   | Debts to pension or profit-sharing   |   |    |          |  |  |
|        | <b>□</b> Yes   | Dther. Specify   |   |    |          |  |  |
|        |  | Educa  | tional                                  |    |          |  |  |
| 4.10   | Dept Of Ed/Navient  Nonpriority Creditor's Name          | Last 4 digits of account number  | 0615                                    | \$ | 2,034.00 |  |  |
|        | Attn: Claims Dept<br>Po Box 9400                         | When was the debt incurred?  | Opened 6/01/10 Last<br>Active 11/30/15  |    |          |  |  |
|        | Wilkes Barr, PA 18773  Number Street City State Zlp Code | As of the date you file, the claim i   | s: Check all that apply                 |    |          |  |  |
|        | Who incurred the debt? Check one.                        | Contingent   |   |    |          |  |  |
|        | Debtor 1 only  |  |   |    |          |  |  |
|        | Debtor 2 only  | □ Jnliquidated   |   |    |          |  |  |
|        | Debtor 1 and Debtor 2 only                               | Disputed   |   |    |          |  |  |
|        | At least one of the debtors and another                  | Type of NONPRIORITY unsecured  | I claim:                                |    |          |  |  |
|        | Check if this claim is for a community debt              | Student loans  |   |    |          |  |  |
|        | Is the claim subject to offset?                          | ☐Obligations arising out of a separant not report as priority claims   |   |    |          |  |  |
|        | No   | Debts to pension or profit-sharing   | plans, and other similar debts          |    |          |  |  |
|        | _Yes   | Dther. Specify   |   |    |          |  |  |
|        |  | Educa  | tional                                  |    |          |  |  |

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| Debtor | 1 Lakisha I Harris   |   | Case number (if know)                   |                |
|--------|--|---|---|----------------|
| 4.11   | Dept Of Ed/Navient Nonpriority Creditor's Name   | Last 4 digits of account number                                     | 0315                                    | \$<br>2,000.00 |
|        | Attn: Claims Dept Po Box 9400 Wilkes Barr, PA 18773                                      | When was the debt incurred?   | Opened 3/01/11 Last<br>Active 11/30/15  |                |
| -      | Number Street City State Zlp Code  | As of the date you file, the claim i                                | s: Check all that apply                 |                |
|        | Who incurred the debt? Check one.  | Contingent  |   |                |
|        | Debtor 1 only  |   |   |                |
|        | Debtor 2 only  | ☐ Unliquidated  |   |                |
|        | Debtor 1 and Debtor 2 only   | Disputed  |   |                |
|        | ☐At least one of the debtors and another   | Type of NONPRIORITY unsecured                                       | d claim:                                |                |
|        | ☐Check if this claim is for a community debt   | Student loans   |   |                |
|        | Is the claim subject to offset?  | Dbligations arising out of a separanot report as priority claims    | ation agreement or divorce that you did |                |
|        | No   | Debts to pension or profit-sharing                                  | plans, and other similar debts          |                |
|        | _Yes   | □Other. Specify Educa   | itional                                 |                |
| 4.12   | Dept Of Ed/Navient   |   | 0315                                    | <br>3,157.00   |
| 2      | Nonpriority Creditor's Name  | Last 4 digits of account number                                     | 0313                                    | \$<br>3,137.00 |
|        | Attn: Claims Dept<br>Po Box 9400   | When was the debt incurred?   | Opened 3/01/11 Last<br>Active 11/30/15  |                |
| -      | Wilkes Barr, PA 18773  Number Street City State Zlp Code                                 | As of the date you file, the claim i                                | s: Check all that apply                 |                |
|        | Who incurred the debt? Check one.  | Contingent  |   |                |
|        | Debtor 1 only  |   |   |                |
|        | Debtor 2 only  | □Jnliquidated   |   |                |
|        | Debtor 1 and Debtor 2 only   | Disputed  |   |                |
|        | ☐At least one of the debtors and another   | Type of NONPRIORITY unsecured                                       | d claim:                                |                |
|        | ☐Check if this claim is for a community debt   | Student loans   |   |                |
|        | Is the claim subject to offset?  | Dbligations arising out of a separant not report as priority claims | ation agreement or divorce that you did |                |
|        | No   | Debts to pension or profit-sharing                                  | plans, and other similar debts          |                |
|        | ∐Yes   | Other. Specify  |   |                |
|        |  | Educa   | itional                                 |                |
| 4.13   | Dept Of Ed/Navient   | Last 4 digits of account number                                     | 0716                                    | \$<br>559.00   |
|        | Nonpriority Creditor's Name<br>Attn: Claims Dept<br>Po Box 9400<br>Wilkes Barr, PA 18773 | When was the debt incurred?   | Opened 7/01/12 Last<br>Active 11/30/15  |                |

As of the date you file, the claim is: Check all that apply

Number Street City State Zlp Code

| Debtor | Case 15-42693 Doc 1  1 Lakisha I Harris   | Filed 12/18/15<br>Document  |             | red 12/18/15 14:41:30<br>24 of 67<br>Case number (if know) | Desc N | Main     |  |
|--------|---|---|-------------|--|--------|----------|--|
| Dobtoi |   |   |             |  |        |          |  |
|        | Who incurred the debt? Check one.   | Contingent  |             |  |        |          |  |
|        | Debtor 1 only   |   |             |  |        |          |  |
|        | Debtor 2 only   | □Jnliquidated   |             |  |        |          |  |
|        | Debtor 1 and Debtor 2 only  | Disputed  |             |  |        |          |  |
|        | ☐At least one of the debtors and another  | Type of NONPRIORITY u   | ınsecured   | l claim:   |        |          |  |
|        | Check if this claim is for a community debt                                     | Student loans   |             |  |        |          |  |
|        | Is the claim subject to offset?   | ☐Obligations arising out on not report as priority claim  | -           | ation agreement or divorce that you did                    |        |          |  |
|        | No  | Debts to pension or pro   | fit-sharing | plans, and other similar debts                             |        |          |  |
|        | <u></u> Yes   | □Other. Specify   |             |  |        |          |  |
|        |   |   | Educa       | tional   |        |          |  |
| 4.14   | Dept Of Ed/Navient  | Last 4 digits of account  | number      | 0703   | \$     | 1,100.00 |  |
|        | Nonpriority Creditor's Name Attn: Claims Dept Po Box 9400                       | When was the debt incu  | rred?       | Opened 7/01/12 Last<br>Active 11/30/15                     |        |          |  |
|        | Wilkes Barr, PA 18773  Number Street City State Zlp Code                        | As of the date you file, the  | he claim i  | s: Check all that apply                                    |        |          |  |
|        | Who incurred the debt? Check one.   | ☐Contingent   |             |  |        |          |  |
|        | Debtor 1 only   | pontingent  |             |  |        |          |  |
|        | Debtor 2 only   | □Jnliquidated   |             |  |        |          |  |
|        | Debtor 1 and Debtor 2 only  | Disputed  |             |  |        |          |  |
|        | ☐At least one of the debtors and another  | Type of NONPRIORITY u   | ınsecured   | l claim:   |        |          |  |
|        | Check if this claim is for a community debt                                     | Student loans   |             |  |        |          |  |
|        | Is the claim subject to offset?   | n subject to offset?  Dbligations arising out of a separation agreement or divorce that you did not report as priority claims |             |  |        |          |  |
|        | ■No   | Debts to pension or pro   |             |  |        |          |  |
|        | ∐Yes  |   |             |  |        |          |  |
|        | □l es   | ☐Other. Specify   |             |  |        |          |  |
| 4.15   | Dept Of Ed/Navient  | Last 4 digits of account  | number      | 0322   | \$     | 1,539.00 |  |
|        | Nonpriority Creditor's Name Attn: Claims Dept Po Box 9400 Wilkes Barr, PA 18773 | When was the debt incu  | rred?       | Opened 3/01/04 Last<br>Active 11/30/15                     |        |          |  |
| -      | Number Street City State Zlp Code   | As of the date you file, the  | he claim i  | s: Check all that apply                                    |        |          |  |
|        | Who incurred the debt? Check one.   | Contingent  |             |  |        |          |  |
|        | Debtor 1 only  Debtor 2 only  | □Jnliquidated   |             |  |        |          |  |
|        | Debtor 1 and Debtor 2 only  | □Disputed   |             |  |        |          |  |
|        | ☐At least one of the debtors and another  | l claim:  |             |  |        |          |  |
|        | Check if this claim is for a community debt                                     | Student loans   |             |  |        |          |  |
|        | Is the claim subject to offset?   | Dbligations arising out of a separation agreement or divorce that you did not report as priority claims                       |             |  |        |          |  |
|        | No  | Debts to pension or pro   | fit-sharing | plans, and other similar debts                             |        |          |  |
|        | ∐Yes  | ☐Other. Specify   |             |  |        |          |  |
|        |   | . ,   | Educa       | tional   |        |          |  |

Dept Of Ed/Navient

4.16

0115

Case 15-42693 Doc 1 Filed 12/18/15 Entered 12/18/15 14:41:30 Desc Main Page 25 of 67 Case number (if know) Document Debtor 1 Lakisha I Harris Attn: Claims Dept Opened 1/01/13 Last Po Box 9400 When was the debt incurred? Active 11/30/15 Wilkes Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □Contingent Debtor 1 only Debtor 2 only ■Unliquidated Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐At least one of the debtors and another Check if this claim is for a community Student loans debt Is the claim subject to offset? Dbligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts No **□**Yes □Other. Specify Educational 4.17 Dept Of Ed/Navient 0112 1,676.00 Last 4 digits of account number \$ Nonpriority Creditor's Name Attn: Claims Dept Opened 1/01/09 Last Po Box 9400 When was the debt incurred? Active 11/30/15 Wilkes Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □Contingent Debtor 1 only □Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another Check if this claim is for a community Student loans debt Is the claim subject to offset? Dbligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts No □Yes □Other. Specify Educational 4.18 Dept Of Ed/Navient 1,959.00 Last 4 digits of account number 0118 \$ Nonpriority Creditor's Name Attn: Claims Dept Opened 1/01/12 Last When was the debt incurred? Po Box 9400

Active 11/30/15 Wilkes Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □Contingent Debtor 1 only ■Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another Check if this claim is for a community Student loans Is the claim subject to offset? Dbligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts No □Yes □Other. Specify Educational

| Debtor | 1 Lakisha I Harris  |   | Case number (if know)                   |    |          |
|--------|---|---|---|----|----------|
| 4.19   | Dept Of Ed/Navient  | Last 4 digits of account number                                     | 1021                                    | \$ | 1,676.00 |
|        | Nonpriority Creditor's Name Attn: Claims Dept Po Box 9400 Wilkes Barr, PA 18773 Number Street City State Zlp Code | When was the debt incurred?   | Opened 10/01/08 Last Active 11/30/15    | _  |          |
|        | Number Street City State Zip Code   | As of the date you file, the claim i                                | s: Спеск ан that арру                   |    |          |
|        | Who incurred the debt? Check one.   | Contingent  |   |    |          |
|        | Debtor 1 only   |   |   |    |          |
|        | Debtor 2 only   | □Jnliquidated   |   |    |          |
|        | Debtor 1 and Debtor 2 only  | Disputed  |   |    |          |
|        | Type of NONPRIORITY unsecured claim:  |   | d claim:                                |    |          |
|        | Check if this claim is for a community debt   | Student loans   |   |    |          |
|        | Is the claim subject to offset?   | Dbligations arising out of a separant not report as priority claims | ation agreement or divorce that you did |    |          |
|        | No  | Debts to pension or profit-sharing                                  | plans, and other similar debts          |    |          |
|        | <u></u> Yes   | □Other. Specify Educa   | tional                                  |    |          |
|        |   | Eddod   | allorial .                              |    |          |
| 4.20   | Dept Of Ed/Navient  | Last 4 digits of account number                                     | 0706                                    | \$ | 1,959.00 |
|        | Nonpriority Creditor's Name<br>Attn: Claims Dept<br>Po Box 9400<br>Wilkes Barr, PA 18773                          | When was the debt incurred?   | Opened 7/01/11 Last<br>Active 11/30/15  |    |          |
|        | Number Street City State Zlp Code   | As of the date you file, the claim i                                | s: Check all that apply                 |    |          |
|        | Who incurred the debt? Check one.   | Contingent  |   |    |          |
|        | Debtor 1 only   |   |   |    |          |
|        | Debtor 2 only   | □Jnliquidated   |   |    |          |
|        | Debtor 1 and Debtor 2 only  | Disputed  |   |    |          |
|        | ☐At least one of the debtors and another  | Type of NONPRIORITY unsecured                                       | d claim:                                |    |          |
|        | Check if this claim is for a community debt   | Student loans   |   |    |          |
|        | Is the claim subject to offset?   | Dbligations arising out of a separanot report as priority claims    |   |    |          |
|        | No  | Debts to pension or profit-sharing                                  |   |    |          |
|        | <b>□</b> Yes  | □ Dther. Specify Educa  | itional                                 |    |          |
| 4.21   | Dept Of Ed/Navient  | Last 4 digits of account number                                     | 0706                                    | \$ | 3,102.00 |
|        | Nonpriority Creditor's Name<br>Attn: Claims Dept<br>Po Box 9400<br>Wilkes Barr, PA 18773                          | When was the debt incurred?   | Opened 7/01/11 Last<br>Active 11/30/15  |    |          |

As of the date you file, the claim is: Check all that apply

Number Street City State Zlp Code

| Debtor                                   | Case 15-42693 Doc 1  1 Lakisha I Harris                  |   | ered 12/18/15 14:41:30<br>27 of 67<br>Case number (if know) | Desc Main |          |  |
|--|--|---|---|-----------|----------|--|
|  | Who incurred the debt? Check one.                        |   |   |           |          |  |
|  | Debtor 1 only  | Contingent  |   |           |          |  |
|  | Debtor 2 only  | □Unliquidated   |   |           |          |  |
|  |  | prinquidated  |   |           |          |  |
|  | Debtor 1 and Debtor 2 only                               | Disputed  | d alaim.  |           |          |  |
|  | At least one of the debtors and another                  | Type of NONPRIORITY unsecure  | d claim:  |           |          |  |
|  | Check if this claim is for a community debt              | Student loans   |   |           |          |  |
|  | Is the claim subject to offset?                          | ☐Obligations arising out of a separation of the port as priority claims | ration agreement or divorce that you did                    |           |          |  |
|  | No   | Debts to pension or profit-sharing                                      | g plans, and other similar debts                            |           |          |  |
|  | ∐Yes   | Other. Specify  |   |           |          |  |
|  |  | Educa   | ational   |           |          |  |
| 4.22                                     | Dept Of Ed/Navient  Nonpriority Creditor's Name          | Last 4 digits of account number   | 0920  | \$        | 1,958.00 |  |
|  | Attn: Claims Dept<br>Po Box 9400                         | When was the debt incurred?   | Opened 9/01/11 Last<br>Active 11/30/15                      |           |          |  |
|  | Wilkes Barr, PA 18773  Number Street City State Zlp Code | As of the date you file, the claim                                      | is: Check all that apply                                    |           |          |  |
|  | Who incurred the debt? Check one.                        | Contingent  |   |           |          |  |
|  | ■Debtor 1 only   | bonungent   |   |           |          |  |
|  | Debtor 2 only  | □Jnliquidated   |   |           |          |  |
|  | Debtor 1 and Debtor 2 only                               | Disputed  |   |           |          |  |
| ☐At least one of the debtors and another |  | Type of NONPRIORITY unsecured claim:                                    |   |           |          |  |
|  | Check if this claim is for a community debt              | Student loans   |   |           |          |  |
|  | Is the claim subject to offset?                          | Dbligations arising out of a separation of the port as priority claims  | ration agreement or divorce that you did                    |           |          |  |
|  | No   | Debts to pension or profit-sharing                                      | g plans, and other similar debts                            |           |          |  |
|  | □Yes   | ☐Other. Specify   |   |           |          |  |
|  |  | Educational   |   |           |          |  |
| 4.23                                     | Dept Of Ed/Navient                                       | Last Adiaba of account mount on   | 0825  | Φ.        | 6,295.00 |  |
| 20                                       | Nonpriority Creditor's Name                              | Last 4 digits of account number   |   | \$        |          |  |
|  | Attn: Claims Dept<br>Po Box 9400                         | When was the debt incurred?   | Opened 8/01/10 Last<br>Active 11/30/15                      |           |          |  |
|  | Wilkes Barr, PA 18773  Number Street City State Zlp Code | As of the date you file, the claim                                      | is: Check all that apply                                    |           |          |  |
|  | Who incurred the debt? Check one.                        | Contingent  |   |           |          |  |
|  | Debtor 1 only  |   |   |           |          |  |
|  | Debtor 2 only  | □Jnliquidated   |   |           |          |  |
|  | Debtor 1 and Debtor 2 only                               | Disputed  |   |           |          |  |
|  | At least one of the debtors and another                  | Type of NONPRIORITY unsecure  | d claim:  |           |          |  |
|  | Check if this claim is for a community                   | Student loans   |   |           |          |  |
|  | debt Is the claim subject to offset?                     | Dbligations arising out of a separation of the port as priority claims  | ration agreement or divorce that you did                    |           |          |  |
|  | ■No  | Debts to pension or profit-sharing                                      | g plans, and other similar debts                            |           |          |  |
|  | <u></u> √es  | Dther. Specify  |   |           |          |  |
|  | _, 55  |   | ational   |           |          |  |

Official Form 106 E/F

Dept Of Ed/Navient

4.24

Last 4 digits of account number

0118

3,005.00

Case 15-42693 Doc 1 Filed 12/18/15 Entered 12/18/15 14:41:30 Desc Main Page 28 of 67 Case number (if know) Document Debtor 1 Lakisha I Harris Attn: Claims Dept Opened 1/01/12 Last Po Box 9400 When was the debt incurred? Active 11/30/15 Wilkes Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □Contingent Debtor 1 only Debtor 2 only ■Unliquidated Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐At least one of the debtors and another Check if this claim is for a community Student loans debt Is the claim subject to offset? Dbligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts No **□**Yes □Other. Specify Educational 4.25 Dept Of Ed/Navient 0408 1,676.00 Last 4 digits of account number \$ Nonpriority Creditor's Name Attn: Claims Dept Opened 4/01/09 Last Po Box 9400 When was the debt incurred? Active 11/30/15 Wilkes Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □Contingent Debtor 1 only □Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another Check if this claim is for a community Student loans

Dbligations arising out of a separation agreement or divorce that you did

Debts to pension or profit-sharing plans, and other similar debts

No □Yes □Other. Specify Educational Dept Of Ed/Navient Last 4 digits of account number 1021 \$ Nonpriority Creditor's Name Attn: Claims Dept Opened 10/01/08 Last When was the debt incurred? Active 11/30/15 Po Box 9400 Wilkes Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □Contingent Debtor 1 only ■Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another Check if this claim is for a community Student loans Is the claim subject to offset? Dbligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts No □Yes □Other. Specify Educational

not report as priority claims

debt

4.26

Is the claim subject to offset?

2,966.00

Page 29 of 67 Case number (if know) Debtor 1 Lakisha I Harris 4.27 2,903.00 Dept Of Ed/Navient 0408 Last 4 digits of account number Nonpriority Creditor's Name Attn: Claims Dept Opened 4/01/09 Last Po Box 9400 When was the debt incurred? Active 11/30/15 Wilkes Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Contingent Debtor 1 only Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: ☐At least one of the debtors and another Check if this claim is for a community Student loans Is the claim subject to offset? Dbligations arising out of a separation agreement or divorce that you did not report as priority claims No Debts to pension or profit-sharing plans, and other similar debts □Yes □Other. Specify Educational 4.28 4,048.00 Dept Of Ed/Navient 0115 Last 4 digits of account number Nonpriority Creditor's Name Attn: Claims Dept Opened 1/01/13 Last Po Box 9400 When was the debt incurred? Active 11/30/15 Wilkes Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □Contingent Debtor 1 only Debtor 2 only ■Unliquidated Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: ☐At least one of the debtors and another ☐Check if this claim is for a community Student loans debt Is the claim subject to offset? Dbligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts No □Yes □Other. Specify Educational 4.29 2,935.00 Dept Of Ed/Navient 0112 Last 4 digits of account number Nonpriority Creditor's Name Attn: Claims Dept Opened 1/01/09 Last Po Box 9400 When was the debt incurred? Active 11/30/15

As of the date you file, the claim is: Check all that apply

Wilkes Barr, PA 18773 Number Street City State Zlp Code

|       | 8014 Bayberry Rd<br>Jacksonville, FL 32256                           | When was the debt incurred?                                   | Opened 9/01/15                              |            |       |
|-------|--|---|---|------------|-------|
| 4.32  | ERC/Enhanced Recovery Corp  Nonpriority Creditor's Name              | Last 4 digits of account numb                                 | ner <u>3679</u>                             | \$         | 47.00 |
|       | ∐Yes   | Other. Specify Tick   | kets  |            |       |
|       | No   |   | aring plans, and other similar debts        |            |       |
|       | Is the claim subject to offset?                                      | Dbligations arising out of a senot report as priority claims  | eparation agreement or divorce that you did |            |       |
|       | Check if this claim is for a community debt                          | ☐Student loans  |   |            |       |
|       | At least one of the debtors and another                              | Type of NONPRIORITY unsec                                     | ured claim:                                 |            |       |
|       | Debtor 1 and Debtor 2 only   | Disputed  |   |            |       |
|       | Debtor 1 only Debtor 2 only  | □Jnliquidated   |   |            |       |
|       | Who incurred the debt? Check one.                                    | Contingent  |   |            |       |
|       | Wheaton, IL 60187  Number Street City State Zlp Code                 | As of the date you file, the cla                              | im is: Check all that apply                 |            |       |
|       | Nonpriority Creditor's Name<br>505 County Farm Rd<br>P.O. Box 707    | When was the debt incurred?                                   | <del></del>                                 | ·          |       |
| 4.31  | Dupage County Clerk  | Last 4 digits of account numb                                 | per   | \$ 9,79    | 96.00 |
|       | <b>□</b> Yes   | Other. Specify Cre  | edit Card                                   |            |       |
|       | No   |   | aring plans, and other similar debts        |            |       |
|       | Is the claim subject to offset?                                      | Dbligations arising out of a se                               | eparation agreement or divorce that you did |            |       |
|       | Check if this claim is for a community debt                          | ☐Student loans  |   |            |       |
|       | At least one of the debtors and another                              | Type of NONPRIORITY unsec                                     | ured claim:                                 |            |       |
|       | Debtor 1 and Debtor 2 only   | Disputed  |   |            |       |
|       | Debtor 2 only  | □Jnliquidated   |   |            |       |
|       | Debtor 1 only  | Contingent  |   |            |       |
|       | Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the cla                              | ин is: Спеск ан that apply                  |            |       |
|       | New Albany, OH 43054   |   |   |            |       |
|       | Attn: Bankruptcy Po Box 3025   | When was the debt incurred?                                   | Opened 12/01/12 Last<br>Active 11/30/15     |            |       |
| 4.30  | Discover Financial Nonpriority Creditor's Name                       | Last 4 digits of account numb                                 | per 5964                                    | \$1,94     | 40.00 |
|       |  |   | ucational                                   |            |       |
|       | □Yes   | □ Dther. Specify  |   |            |       |
|       | No   | not report as priority claims  Debts to pension or profit-sha | aring plans, and other similar debts        |            |       |
|       | debt Is the claim subject to offset?                                 | _ ,   | eparation agreement or divorce that you did |            |       |
|       | Check if this claim is for a community                               | Student loans   |   |            |       |
|       | □Debtor 1 and Debtor 2 only □At least one of the debtors and another | ☐Disputed  Type of NONPRIORITY unsec                          | ured claim:                                 |            |       |
|       | Debtor 2 only  | ☐Jnliquidated   |   |            |       |
|       | Debtor 1 only  |   |   |            |       |
|       | Who incurred the debt? Check one.                                    |   | · · · · · ·                                 |            |       |
| Debto |  | Document Pag  | ge 30 of 67 Case number (if know)           | 2000 Maii. |       |
|       | Case 15-42693 Doc 1  | Filed 12/18/15 Er   | ntered 12/18/15 14:41:30                    | Desc Main  |       |

Case 15-42693 Doc 1 Filed 12/18/15 Entered 12/18/15 14:41:30 Desc Main Page 31 of 67 Case number (if know) Document Debtor 1 Lakisha I Harris Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Contingent Debtor 1 only Debtor 2 only ■Jnliquidated Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another Check if this claim is for a community ☐Student loans debt Is the claim subject to offset? Dbligations arising out of a separation agreement or divorce that you did not report as priority claims No Debts to pension or profit-sharing plans, and other similar debts Collection Attorney People Gas Light And □Yes Other. Specify Coke Comp 4.33 0.00 **Exeter Finance Corp** 1001 Last 4 digits of account number \$ Nonpriority Creditor's Name Opened 5/01/10 Last Po Box 166097 When was the debt incurred? Active 8/04/14 Irving, TX 75016 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Contingent Debtor 1 only Debtor 2 only ■Unliquidated Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another Check if this claim is for a community ☐Student loans debt Is the claim subject to offset? Dbligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts No Automobile Yes Other. Specify 4.34 Great American Finance 2109 0.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Opened 3/01/10 Last 20 N Wacker Dr. Suite 2275 When was the debt incurred? Active 9/04/15 Chicago, IL 60606 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Contingent Debtor 1 only Debtor 2 only □Jnliquidated Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another Check if this claim is for a community ☐Student loans Is the claim subject to offset? Dbligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts No

4.35 IC Systems, Inc
Nonpriority Creditor's Name

□Yes

Last 4 digits of account number

Other. Specify

7001

Household Goods

122.00

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Official Form 106 E/F

No

□Yes

not report as priority claims

Other. Specify

Dbligations arising out of a separation agreement or divorce that you did

Debts to pension or profit-sharing plans, and other similar debts

Unsecured

Is the claim subject to offset?

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| Debtor | 1 Lakisha I Harris                                   |  | Case number (if know)                   |    |          |  |  |
|--------|--|--|---|----|----------|--|--|
| 4.38   | Municollofam   | Last 4 digits of account number  | 2404                                    | \$ | 125.00   |  |  |
|        | Nonpriority Creditor's Name<br>3348 Ridge Road       | When was the debt incurred?  |   |    |          |  |  |
|        | Lansing, IL 60438  Number Street City State Zlp Code | As of the date you file, the claim                                     | is: Check all that apply                |    |          |  |  |
|        | Who incurred the debt? Check one.                    | Contingent   |   |    |          |  |  |
|        | Debtor 1 only  | ū  |   |    |          |  |  |
|        | Debtor 2 only  | □Jnliquidated  |   |    |          |  |  |
|        | Debtor 1 and Debtor 2 only                           | Disputed   |   |    |          |  |  |
|        | At least one of the debtors and another              | Type of NONPRIORITY unsecure   | d claim:                                |    |          |  |  |
|        | ☐Check if this claim is for a community debt         | ☐Student loans   | ☐Student loans                          |    |          |  |  |
|        | Is the claim subject to offset?                      | Dbligations arising out of a separation not report as priority claims  | ation agreement or divorce that you did |    |          |  |  |
|        | No   | Debts to pension or profit-sharing                                     | plans, and other similar debts          |    |          |  |  |
|        | <u></u> Yes  | Other. Specify 04 Vil  | age Of Park Forest Tag                  |    |          |  |  |
| 4.39   | Peoples Gas  | Last 4 digits of account number  | 6395                                    | \$ | 0.00     |  |  |
|        | Nonpriority Creditor's Name<br>200 E Randolph St     |  | Opened 10/15/11 Last                    |    |          |  |  |
|        | 20th Floor   | When was the debt incurred?  | Active 3/01/12                          |    |          |  |  |
| -      | Chicago, IL 60601  Number Street City State Zlp Code | As of the date you file, the claim                                     | is: Check all that apply                |    |          |  |  |
|        | Who incurred the debt? Check one.                    | ☐Contingent  |   |    |          |  |  |
|        | Debtor 1 only  | contingent   |   |    |          |  |  |
|        | Debtor 2 only  | □Jnliquidated  |   |    |          |  |  |
|        | Debtor 1 and Debtor 2 only                           | Disputed   |   |    |          |  |  |
|        | ☐At least one of the debtors and another             | Type of NONPRIORITY unsecure   | d claim:                                |    |          |  |  |
|        | Check if this claim is for a community debt          | Student loans  |   |    |          |  |  |
|        | Is the claim subject to offset?                      | Dbligations arising out of a separation not report as priority claims  | ation agreement or divorce that you did |    |          |  |  |
|        | ■No  | Debts to pension or profit-sharing                                     | plans, and other similar debts          |    |          |  |  |
|        | <u></u> Yes  | Other. Specify Agricu  | ılture                                  |    |          |  |  |
| 4.40   | The Cash Store                                       | Last 4 digits of account number  |   | \$ | 1,800.00 |  |  |
|        | Nonpriority Creditor's Name<br>266 E Roosevelt Rd    | When was the debt incurred?  |   |    |          |  |  |
|        | Lombard, IL 60148  Number Street City State Zlp Code | As of the date you file, the claim                                     | is: Check all that apply                |    |          |  |  |
|        | Who incurred the debt? Check one.                    | Contingent   |   |    |          |  |  |
|        | Debtor 1 only  |  |   |    |          |  |  |
|        | Debtor 2 only  | □Jnliquidated  |   |    |          |  |  |
|        | Debtor 1 and Debtor 2 only                           | Disputed   |   |    |          |  |  |
|        | At least one of the debtors and another              | Type of NONPRIORITY unsecure   | d claim:                                |    |          |  |  |
|        | ☐Check if this claim is for a community debt         | Student loans  |   |    |          |  |  |
|        | Is the claim subject to offset?                      | Dbligations arising out of a separation of the port as priority claims | ation agreement or divorce that you did |    |          |  |  |
|        | ■No  | Debts to pension or profit-sharing                                     | plans, and other similar debts          |    |          |  |  |
|        | <b>□</b> Yes   | Other. Specify Payda   | ay loan                                 |    |          |  |  |

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Debtor 1 Lakisha I Harris

### Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address Secretary Of State 2701 South Dirken Parkway Springfield, IL 62723

On which entry in Part 1 or Part2 did you list the original creditor?

□Part 1: Creditors with Priority Unsecured Claims Line 4.2 of (Check one):

■Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | Total claim |           |
|--------------|-----|---|-----|-------------|-----------|
|              | 6a. | Domestic support obligations  | 6a. | \$          | 0.00      |
| Total claims |     |   |     |             |           |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$          | 0.00      |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$          | 0.00      |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$          | 0.00      |
|              | 6e. | Total. Add lines 6a through 6d.   | 6e. | \$          | 0.00      |
|              |     |   |     |             | 0.00      |
|              |     |   |     | Total Claim |           |
|              | 6f. | Student loans   | 6f. | \$          | 60,064.00 |
| Total claims |     |   |     |             |           |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$          | 0.00      |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$          | 0.00      |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$          | 16,453.00 |
|              | 6j. | Total. Add lines 6f through 6i.   | 6j. | \$          | 76,517.00 |

|                     |                           | 17(1,111)         |             |  |
|---------------------|---------------------------|-------------------|-------------|--|
| Fill in this info   | ormation to identify your | case:             |             |  |
| Debtor 1            | Lakisha I Harris          | Middle News       | LastName    |  |
|                     | First Name                | Middle Name       | Last Name   |  |
| Debtor 2            |                           |                   |             |  |
| (Spouse if, filing) | First Name                | Middle Name       | Last Name   |  |
| United States B     | Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |  |
| Case number         |                           |                   |             |  |
| (if known)          |                           |                   |             |  |
|                     |                           |                   |             |  |

# Official Form 106G

# Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have the contract or lease<br>Name, Number, Street, City, State and ZIP Code              | State what the contract or lease is for |
|---|---|
| <ul><li>2.1 Hinsdale Lake Terrace Apartments</li><li>16W450 Honeysuckle Rose Lane</li><li>Willowbrook, IL 60527</li></ul> | Debtor's residential lease              |

|                                      |   | Document  | Page 36 of                                  | 67  |                                    |
|--------------------------------------|---|---|---|---|------------------------------------|
| Fill in th                           | is information to identify your   | case:   |   |   |                                    |
| Debtor 1                             | Lakisha I Harris  |   |   |   |                                    |
|                                      | First Name  | Middle Name   | Last Name                                   |   |                                    |
| Debtor 2<br>(Spouse if,              | filing) First Name  | Middle Name   | Last Name                                   |   |                                    |
|                                      | tates Bankruptcy Court for the:   | NORTHERN DISTRICT OF  |   |   |                                    |
| Ormod O                              | actor Barmaptoy Court for tho.  |   |   |   |                                    |
| Case nul<br>(if known)               | mber  |   |   |   | Check if this is an amended filing |
|                                      | al Form 106H<br><mark>dule H: Your Cod</mark>                                 | ebtors  |   |   | 12/15                              |
| people a<br>fill it out,<br>your nam | e filing together, both are equ   | ially responsible for supplying boxes on the left. Attach the ). Answer every question. | g correct information<br>Additional Page to | complete and accurate as posson. If more space is needed, con this page. On the top of any Actus as a codebtor. | py the Additional Page,            |
| □No                                  |   |   |   |   |                                    |
| ■Ye                                  | S   |   |   |   |                                    |
|                                      | ithin the last 8 years, have you<br>ona, California, Idaho, Louisiana         |   |   | ? (Community property states and gton, and Wisconsin.)  | d territories include              |
| ■No                                  | . Go to line 3.   |   |   |   |                                    |
| □Ye                                  | s. Did your spouse, former spou   | se, or legal equivalent live with   | you at the time?                            |   |                                    |
| in liı<br>Forr                       | ne 2 again as a codebtor only   | if that person is a guarantor o   | or cosigner. Make si                        | f your spouse is filing with you<br>ure you have listed the creditor<br>G). Use Schedule D, Schedule            | r on Schedule D (Officia           |
|                                      | Column 1: Your codebtor<br>Name, Number, Street, City, State and Z            | IP Code   |   | Column 2: The creditor to wh<br>Check all schedules that apply  | •                                  |
| 3.1                                  | Porche Harris<br>16 W 578 Honey Suckle Ro<br>Apt 109<br>Willowbrook, IL 60527 | ose Lane  |   | ■Schedule D, line2.2<br>□Schedule E/F, line<br>□Schedule G<br>GM Financial                                      |                                    |

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| Fill               | in this information to identify your  | case:   |  |                             |  |                 |
|--------------------|---|---|--|-----------------------------|--|-----------------|
| Del                | btor 1 Lakisha I Ha   | arris   |  | _                           |  |                 |
|                    | btor 2<br>buse, if filing)  |   |  | _                           |  |                 |
| Uni                | ited States Bankruptcy Court for th   | e: NORTHERN DISTRI  | CT OF ILLINOIS   | _                           |  |                 |
| Cas                | se number   |   |  | Chec                        | ck if this is:   |                 |
| (If kr             | nown)   |   | _  |                             | An amended filing  |                 |
|                    |   |   |  |                             | A supplement showing postpetition 3 income as of the following date: | chapter         |
| 0                  | fficial Form 106I   |   |  | Ī                           | MM / DD/ YYYY  |                 |
| S                  | chedule I: Your Inc   | ome   |  |                             |  | 12/15           |
| sup<br>spo<br>atta | as complete and accurate as pos<br>plying correct information. If you<br>use. If you are separated and yo<br>ch a separate sheet to this form.<br>tt 1: | u are married and not fil<br>ur spouse is not filing w<br>On the top of any addit | ling jointly, and your spouse i<br>vith you, do not include inforr | s living wit<br>nation abou | h you, include information about<br>at your spouse. If more space is | your<br>needed, |
| 1.                 | Fill in your employment   |   |  |                             |  |                 |
| 1.                 | information.  |   | Debtor 1   |                             | Debtor 2 or non-filing spouse  |                 |
|                    | If you have more than one job,  | Employment status   | <b>■</b> Employed  |                             | <b>□</b> Employed  |                 |
|                    | attach a separate page with information about additional  | Employment status   | ☐Not employed  |                             | □Not employed  |                 |
|                    | employers.  | Occupation  | A   -   -   -   -  |                             |  |                 |

Accounts payable clerk

8201 S. Cass Ave. Darien, IL 60561

University of chicago medical

8 years

Part 2: Give Details About Monthly Income

Include part-time, seasonal, or

Occupation may include student

or homemaker, if it applies.

self-employed work.

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

center

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

Occupation

Employer's name

**Employer's address** 

How long employed there?

3. Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

|    |     | TOT DEDICT T |     | ng spouse |
|----|-----|--------------|-----|-----------|
| 2. | \$  | 3,782.31     | \$  | N/A       |
| 3. | +\$ | 0.00         | +\$ | N/A       |
| 4. | \$  | 3,782.31     | \$  | N/A       |

For Debtor 1 For Debtor 2 or

Official Form 106I Schedule I: Your Income page 1

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| Deb | tor 1  | Lakisha I Harris  |                                 | С   | Case number (if known)   | _     |  |
|-----|--|---|---------------------------------|-----|--|-------|--|
|     |  |   |                                 |     | For Debtor 1   |       | For Debtor 2 or<br>non-filing spouse   |
|     | Cop  | y line 4 here   | 4.                              | _   | \$ 3,782.31  |       | \$ N/A   |
| 5.  | List   | all payroll deductions:   |                                 |     |  |       |  |
|     | 5a.<br>5b.<br>5c.<br>5d.<br>5e.<br>5f.<br>5g.<br>5h. | Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify: Dental Vision Life Insurance Short Term Disability  | 5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h. |     | \$ 724.32<br>\$ 113.47<br>\$ 0.00<br>\$ 0.00<br>\$ 186.23<br>\$ 0.00<br>\$ 37.92<br>\$ 47.65<br>\$ 10.49<br>\$ 87.86<br>\$ 36.49 | + + + | \$ N/A<br>\$ N/A<br>\$ N/A<br>\$ N/A<br>\$ N/A<br>\$ N/A<br>\$ N/A<br>\$ N/A<br>\$ N/A<br>\$ N/A |
| 6.  | Add  | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.                              | ;   | \$ 1,244.43  | . 9   | \$N/A_   |
| 7.  | Cal  | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.                              | ;   | \$ 2,537.88  | . 9   | \$N/A_   |
| 8.  | 8b. 8c. 8d. 8e. 8f. 8g. 8h.                          | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filling spouse, or a depende regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  Pension or retirement income Other monthly income. Specify: | 8c.<br>8d.<br>8e.<br>nce<br>8f. |     | \$ 0.00<br>\$ 0.00<br>\$ 375.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00  |       | \$ N/A<br>\$ N/A<br>\$ N/A<br>\$ N/A<br>\$ N/A<br>\$ N/A<br>\$ N/A                               |
| 9.  | Add  | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.                              | \$  | 375.00   | \$    | \$N/A  |
| 10. |  | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10.                             | \$_ | 2,912.88 + \$  |       | N/A = \$2,912.88   |
| 11. | Inclu<br>othe  | te all other regular contributions to the expenses that you list in Schedulae contributions from an unmarried partner, members of your household, your friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are necify:  | our depe                        |     | •  |       |  |
| 12. |  | the amount in the last column of line 10 to the amount in line 11. The re that amount on the Summary of Schedules and Statistical Summary of Certies  |                                 |     |  |       | f it \$ 2,912.88 Combined  |
| 13. | Do y   | you expect an increase or decrease within the year after you file this for No.  Yes. Explain:   | m?                              |     |  |       | monthly income   |

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| Fill      | in this information to identify y  | our case:      |  |  |               |                                    |   |   |
|-----------|--|----------------|--|--|---------------|------------------------------------|---|---|
| Deb       | tor 1 Lakisha I Ha   | rris           |  |  |               | k if this is:<br>An amended filing |   |   |
|           | tor 2  |                |  |  |               | •                                  | ving postpetition chapter the following date: |   |
| Unit      | ed States Bankruptcy Court for the   | : NORT         | HERN DISTRICT OF ILLIN                       | OIS                                      | -             | MM / DD / YYYY                     |   |   |
|           | e number<br>nown)  |                |  |  |               |                                    |   |   |
|           | fficial Form 106J  |                |  |  |               |                                    |   |   |
|           | chedule J: Your as complete and accurate a   |                |  | re filing together h                     | oth are equ   | ally responsible f                 | 12/1  | 5 |
| info      | ormation. If more space is nonextended in the community of the community o | eeded, att     | ach another sheet to this                    |  |               |                                    |   |   |
| Par<br>1. | t 1: Describe Your Hous Is this a joint case?  | ehold          |  |  |               |                                    |   | _ |
| ••        | ■No. Go to line 2.  □Yes. <b>Does Debtor 2 live i</b>  | n a separ      | ate household?                               |  |               |                                    |   |   |
|           | □No<br>□Yes. Debtor 2 mus  | st file Offici | al Form 106J-2, <i>Expenses</i>              | for Separate House                       | hold of Debte | or 2.                              |   |   |
| 2.        | Do you have dependents?  | □No            |  |  |               |                                    |   |   |
|           | Do not list Debtor 1 and Debtor 2.   | ■Yes.          | Fill out this information for each dependent | Dependent's relati<br>Debtor 1 or Debtor |               | Dependent's age                    | Does dependent live with you?                 |   |
|           | Do not state the dependents names.   |                |  | Daughter                                 |               | 8                                  | □No<br>■Yes                                   |   |
|           |  |                |  | Com                                      |               | 22                                 | □No   |   |
|           |  |                |  | Son                                      |               | 23                                 | ■Yes  |   |
|           |  |                |  |  |               |                                    | □No<br>□Yoo                                   |   |
|           |  |                |  |  |               |                                    | □Yes<br>□No                                   |   |
|           |  |                |  |  |               |                                    | □Yes  |   |
| 3.        | Do your expenses include expenses of people other yourself and your depende  | than 📮         | <b>I</b> No<br><b>I</b> Yes                  |  |               |                                    | <b>-</b>                                      |   |
| Par       | t 2: Estimate Your Ongo  | ing Month      | nly Expenses                                 |  |               |                                    |   |   |

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

4. \$ 1,000.00

 The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

5.

|      | t moradou in mio ii  |
|------|--|
| 4a.  | Real estate taxes  |
| 4b.  | Property, homeowner's, or renter's insurance                           |
| 4c.  | Home maintenance, repair, and upkeep expenses                          |
| 4d.  | Homeowner's association or condominium dues                            |
| Addi | tional mortgage payments for your residence, such as home equity loans |
|      |  |

| 4a. | 0.00       |
|-----|------------|
| 4b. | 25.00      |
| 4c. | \$<br>0.00 |
| 4d. | \$<br>0.00 |
| 5.  | \$<br>0.00 |
|     |            |

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| Deb | otor 1  | Lakisha I Harris c  | Case num   | ber (if known) |                              |
|-----|---------|---|------------|----------------|------------------------------|
| 6.  | Utiliti | es:   |            |                |                              |
|     | 6a.     | Electricity, heat, natural gas  | 6a.        | \$             | 60.00                        |
|     | 6b.     | Water, sewer, garbage collection  | 6b.        | \$             | 0.00                         |
|     | 6c.     | Telephone, cell phone, Internet, satellite, and cable services  | 6c.        | \$             | 0.00                         |
|     | 6d.     | Other. Specify: Cell Phone (3 people on line)   | 6d.        | \$             | 200.00                       |
|     |         | Cable & Internet  |            | \$             | 220.00                       |
| 7.  | Food    | and housekeeping supplies   |            | \$             | 500.00                       |
| 8.  | Child   | care and children's education costs   | 8.         | \$             | 0.00                         |
| 9.  | Cloth   | ng, laundry, and dry cleaning   | 9.         | \$             | 75.00                        |
| 10. |         | nal care products and services  | 10.        | \$             | 100.00                       |
| 11. |         | al and dental expenses  | 11.        | \$             | 27.00                        |
| 12. |         | portation. Include gas, maintenance, bus or train fare.   | 12.        | ¢              | 150.00                       |
| 40  |         | t include car payments.   |            | ·              |                              |
|     |         | ainment, clubs, recreation, newspapers, magazines, and books able contributions and religious donations   | 13.<br>14. |                | 0.00                         |
|     | Insur   | _   | 14.        | Φ              | 0.00                         |
| 15. |         | t include insurance deducted from your pay or included in lines 4 or 20.  |            |                |                              |
|     |         | Life insurance  | 15a.       | \$             | 0.00                         |
|     |         | Health insurance  | 15b.       | *              | 0.00                         |
|     | 15c.    | Vehicle insurance   | 15c.       | \$             | 105.00                       |
|     | 15d.    | Other insurance. Specify:   | 15d.       |                | 0.00                         |
| 16. |         | Do not include taxes deducted from your pay or included in lines 4 or 20.   | _          |                |                              |
|     | Speci   | , , ,   | 16.        | \$             | 0.00                         |
| 17. |         | ment or lease payments:   |            |                |                              |
|     |         | Car payments for Vehicle 1  | 17a.       | ·              | 0.00                         |
|     |         | Car payments for Vehicle 2  | 17b.       | ·              | 0.00                         |
|     |         | Other. Specify:   | 17c.       |                | 0.00                         |
|     |         | Other. Specify:   | 17d.       | \$             | 0.00                         |
| 18. |         | payments of alimony, maintenance, and support that you did not report as  | 18.        | \$             | 0.00                         |
| 10  | Other   | eted from your pay on line 5, Schedule I, Your Income (Official Form 106I). payments you make to support others who do not live with you.   | 10.        | \$             | 0.00                         |
| 13. | Speci   |   | 19.        | Ψ              | 0.00                         |
| 20. |         | real property expenses not included in lines 4 or 5 of this form or on Sched  |            | our Income.    |                              |
|     |         | Mortgages on other property   | 20a.       |                | 0.00                         |
|     |         | Real estate taxes   | 20b.       | \$             | 0.00                         |
|     | 20c.    | Property, homeowner's, or renter's insurance  | 20c.       | \$             | 0.00                         |
|     | 20d.    | Maintenance, repair, and upkeep expenses  | 20d.       | \$             | 0.00                         |
|     | 20e.    | Homeowner's association or condominium dues   | 20e.       | \$             | 0.00                         |
| 21. | Other   | : Specify:  | 21.        | +\$            | 0.00                         |
| 22  | Colou   | late value manthly evenence   |            |                |                              |
| 22. |         | late your monthly expenses .dd lines 4 through 21.  |            | œ              | 2 462 00                     |
|     |         | copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   |            | \$             | 2,462.00                     |
|     |         |   |            | ·              | 0.400.00                     |
|     | 22C. F  | dd line 22a and 22b. The result is your monthly expenses.   |            | \$             | 2,462.00                     |
| 23. | Calcu   | late your monthly net income.   |            |                |                              |
|     | 23a.    | Copy line 12 (your combined monthly income) from Schedule I.  | 23a.       | \$             | 2,912.88                     |
|     | 23b.    | Copy your monthly expenses from line 22c above.   | 23b.       | -\$            | 2,462.00                     |
|     |         |   |            |                |                              |
|     | 23c.    | Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .   | 23c.       | \$             | 450.88                       |
| 24. | For exa | u expect an increase or decrease in your expenses within the year after you imple, do you expect to finish paying for your car loan within the year or do you expect your mo ation to the terms of your mortgage? |            |                | ase or decrease because of a |
|     |         | Explain here:   |            |                |                              |
|     | □Yes    | LAPIAITITIE.  |            |                |                              |

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| Fill in this infor              | rmation to identify your                        | case:                       |                         |  |  |
|---------------------------------|---|-----------------------------|-------------------------|--|--|
| Debtor 1                        | Lakisha I Harris                                |                             |                         |  |  |
|                                 | First Name                                      | Middle Name                 | Last Name               |  |  |
| Debtor 2<br>(Spouse if, filing) | First Name                                      | Middle Name                 | Last Name               |  |  |
|                                 |   | Middle Name                 | Lastivanie              |  |  |
| United States Ba                | ankruptcy Court for the:                        | NORTHERN DISTRICT           | r of Illinois           |  |  |
| Case number                     |   |                             |                         |  |  |
| (if known)                      |   |                             |                         |  | ☐ Check if this is an  |
|                                 |   |                             |                         |  | amended filing   |
|                                 |   |                             |                         |  |  |
| 00000                           | 400D  |                             |                         |  |  |
| Official For                    |   |                             |                         |  |  |
| Declarat                        | tion About a                                    | ın Individual               | Debtor's S              | chedules   | 12/15  |
|                                 |   |                             |                         |  |  |
| If two married p                | eople are filing togethe                        | r, both are equally respons | onsible for supplying   | correct information.   |  |
| obtaining mone                  |   | n connection with a ban     |                         |  | tement, concealing property, or<br>100, or imprisonment for up to 20 |
| Sig                             | ın Below  |                             |                         |  |  |
| Did you pa                      | ay or agree to pay some                         | one who is NOT an atto      | rney to help you fill o | ut bankruptcy forms?   |  |
| ■ No                            |   |                             |                         |  |  |
| ☐ Yes.                          | Name of person                                  |                             |                         | . Attach <i>Bankruptcy Petit</i><br>and Signature (Official Fo | tion Preparer's Notice, Declaration, orm 119).                       |
|                                 |   |                             |                         |  |  |
|                                 | alty of perjury, I declare re true and correct. | that I have read the sum    | nmary and schedules     | THEO WITH THIS DECIARAT  | ion and  |
| X /s/ Lak                       | kisha I Harris                                  |                             | X                       |  |  |
| Lakish                          | a I Harris                                      |                             | Signature               | e of Debtor 2  |  |
| Signatu                         | ure of Debtor 1                                 |                             |                         |  |  |

Date

Date December 18, 2015

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| FII        | in this information                               | to identify you          | r case:                            |  |   |                                    |
|------------|---|--------------------------|------------------------------------|--|---|------------------------------------|
| Del        |   | kisha I Harris           |                                    |  |   |                                    |
| Del        | Firs  | t Name                   | Middle Name                        | Last Name  |   |                                    |
| 1          |   | Name                     | Middle Name                        | Last Name  |   |                                    |
| Uni        | ited States Bankrupt                              | cy Court for the:        | NORTHERN DISTRICT (                | OF ILLINOIS  |   |                                    |
| Ca         | se number   |                          |                                    |  |   |                                    |
|            | nown)   |                          |                                    |  |   | Check if this is an                |
|            |   |                          |                                    |  | a   | mended filing                      |
| ~          | ··· · · -   | 407                      |                                    |  |   |                                    |
|            | ficial Form                                       |                          |                                    |  |   |                                    |
|            |   |                          |                                    | duals Filing for B   |   | 12/1                               |
|            |   |                          |                                    |  | equally responsible for supy additional pages, write yo         |                                    |
|            | nber (if known). An                               |                          |                                    | от то тор от т   | y anamona pages, miss ye  |                                    |
| Pai        | rt 1: Give Details                                | About Your Ma            | rital Status and Where You         | u Lived Before   |   |                                    |
| 1.         | What is your curre                                | ent marital statu        | ıs?                                |  |   |                                    |
|            | _   |                          |                                    |  |   |                                    |
|            | <ul><li>☐ Married</li><li>☐ Not married</li></ul> |                          |                                    |  |   |                                    |
| 2          | During the last 2 y                               | roore have vou           | lived anywhere other than          | where you live new?  |   |                                    |
| 2.         | During the last 3 y                               | rears, nave you          | lived anywhere other than          | where you live now?  |   |                                    |
|            | □ No  | Ole a sala a a a conse d | Seed to the lead Occasion Deci     | at Santada ada ara ara Para  |   |                                    |
|            | ■ Yes. List all of                                | the places you i         | ived in the last 3 years. Do n     | ot include where you live nov  | V.  |                                    |
|            | Debtor 1 Prior Ac                                 | ldress:                  | Dates Debtor 1 lived there         | Debtor 2 Prior Ad  | dress:  | Dates Debtor 2 lived there         |
|            | 1337 W 107th S<br>Chicago, IL 606                 | •                        | From-To:<br>2010-7/13              | ☐Same as Debtor 1  |   | Same as Debtor 1                   |
|            | Criicago, IL 000                                  | +0                       | 2010 1/10                          |  |   | 110111110.                         |
| 3.<br>stat | es and territories inc  No Yes. Make su           | lude Arizona, Ca         | lifornia, Idaho, Louisiana, Ne     | vada, New Mexico, Puerto R   | nity property state or territor<br>ico, Texas, Washington and \ |                                    |
| Га         | Explain the                                       | Sources or rou           | i income                           |  |   |                                    |
| 4.         | Fill in the total amo                             | unt of income yo         | u received from all jobs and       | ng a business during this y<br>all businesses, including par<br>re together, list it only once u |   | ndar years?                        |
|            | □ No  |                          |                                    |  |   |                                    |
|            | Yes. Fill in the                                  | details.                 |                                    |  |   |                                    |
|            |   |                          | Debtor 1                           |  | Debtor 2  |                                    |
|            |   |                          | Sources of income                  | Gross income   | Sources of income   | Gross income                       |
|            |   |                          | Check all that apply.              | (before deductions and exclusions)   | Check all that apply.   | (before deductions and exclusions) |
|            | om January 1 of cui<br>date you filed for I       |                          | ■Wages, commissions, bonuses, tips | \$41,515.00  | ☐Wages, commissions, bonuses, tips                              |                                    |
|            |   |                          | □Operating a business              |  | □Operating a business   |                                    |

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Case number (# known) Document

Debtor 1 Lakisha I Harris

|   |                              |  |   | Debtor 1  |   | Debtor 2   |   |
|---|------------------------------|--|---|---|---|--|---|
| For last calendar year:<br>(January 1 to December 31, 2014) |                              | Sources of income<br>Check all that apply. | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                        | Gross income<br>(before deductions<br>and exclusions) |  |   |
|   |                              | 31, 2014 )                                 | ■Wages, commissions, bonuses, tips                    | \$39,055.00   | ☐Wages, commissions, bonuses, tips                    |  |   |
|   |                              |  |   | □Operating a business   |   | ☐Operating a business  |   |
|   |                              | ndar year be<br>December                   |   | ■Wages, commissions, bonuses, tips                                | \$38,000.00   | ☐Wages, commissions, bonuses, tips   |   |
|   |                              |  |   | ☐Operating a business   |   | ☐Operating a business  |   |
|   | unemploy gambling  List each | yment, and o<br>and lottery                | other public be<br>winnings. If yo<br>the gross inco  | enefit payments; pensions; re<br>ou are filing a joint case and y | ntal income; interest; dividend                       | alimony; child support; Social<br>ds; money collected from laws<br>eived together, list it only once<br>that you listed in line 4. | suits; royalties; and                                 |
|   |                              |  |   | Debtor 1  |   | Debtor 2   |   |
|   |                              |  |   | Sources of income Describe below                                  | Gross income<br>(before deductions and<br>exclusions) | Sources of income Describe below.  | Gross income<br>(before deductions<br>and exclusions) |
|   |                              | ry 1 of curre<br>filed for ba              | ent year until<br>nkruptcy:                           | Child Support Income  | \$4,500.00  |  |   |
|   |                              | ndar year:<br>December                     | 31, 2014 )  | Child Support Income  | \$4,500.00  |  |   |
|   |                              | ndar year be<br>December                   |   | Child Support Income  | \$4,500.00  |  |   |
| Pa  | rt 3: Lis                    | st Certain Pa                              | ayments You   | Made Before You Filed for   | Bankruptcy  |  |   |
| 6.  |                              | er Debtor 1's<br>Neither D                 | s or Debtor 2<br>ebtor 1 nor D                        | 's debts primarily consume  | er debts?<br>umer debts. Consumer debts               | s are defined in 11 U.S.C. § 1   | 01(8) as "incurred by ar                              |
|   |                              | During the                                 | e 90 days befo  | ore you filed for bankruptcy, d                                   | id you pay any creditor a tota                        | I of \$6,225* or more?   |   |
|   |                              | □ No.                                      | Go to line 7  |   |   |  |   |
|   |                              | ☐ Yes                                      | paid that cr<br>not include                           | editor. Do not include payme<br>payments to an attorney for t     | nts for domestic support oblights bankruptcy case.    | in one or more payments and pations, such as child support   | and alimony. Also, do                                 |
|   |                              | * Subject                                  | to adjustmen  | t on 4/01/16 and every 3 year                                     | rs after that for cases filed on                      | or after the date of adjustmen   | nt.   |
|   | ■ Yes                        |  |   | or both have primarily consore you filed for bankruptcy, d        | umer debts.<br>id you pay any creditor a tota         | I of \$600 or more?  |   |
|   |                              | ■ No.                                      | Go to line 7  | `.  |   |  |   |
|   |                              | ☐ Yes                                      | List below e include pay                              | each creditor to whom you pa                                      |   | d the total amount you paid the port and alimony. Also, do no  |   |

Official Form 107

**Total amount** 

paid

Amount you

still owe

**Dates of payment** 

**Creditor's Name and Address** 

Was this payment for ...

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| 7.  | Within 1 year before you filed for bankrupture insiders include your relatives; any general pacorporations of which you are an officer, directincluding one for a business you operate as a support and alimony. | ortners; relatives of any ger<br>tor, person in control, or ov | neral partners; partners of 20% or more | erships of which you of their voting sec | ou are a gener<br>curities; and a | al partner;<br>ny managing agent, |
|-----|--|--|---|--|-----------------------------------|-----------------------------------|
|     | No   |  |   |  |                                   |                                   |
|     | ☐ Yes. List all payments to an insider   |  |   |  |                                   |                                   |
|     | Insider's Name and Address   | Dates of payment   | Total amount paid                       | Amount you still owe                     | Reason for                        | this payment                      |
| 8.  | Within 1 year before you filed for bankrupte insider? Include payments on debts guaranteed or cos  |  | ments or transfer                       | any property on a                        | ccount of a d                     | ebt that benefited an             |
|     | No   | igned by arr maider.   |   |  |                                   |                                   |
|     | Yes. List all payments to an insider   |  |   |  |                                   |                                   |
|     | Insider's Name and Address   | Dates of payment   | Total amount                            | Amount you                               | Reason for                        | this payment                      |
|     | model o Name and Address   | Dates of payment   | paid                                    | still owe                                | Include cred                      |                                   |
| Pa  | rt 4: Identify Legal Actions, Repossession   | s and Foreclosures   |   |  |                                   |                                   |
| 9.  | Within 1 year before you filed for bankrupte List all such matters, including personal injury modifications, and contract disputes.  ■ No □ Yes. Fill in the details.  |  |   |  | actions, suppo                    | ort or custody                    |
|     | Case title Case number   | Nature of the case   | Court or agency                         |  | Status of th                      | ne case                           |
| 10. | Within 1 year before you filed for bankrupte Check all that apply and fill in the details below  ■ No □ Yes. Fill in the information below.  |  | erty repossessed, f                     | oreclosed, garnis                        | shed, attache                     | d, seized, or levied?             |
|     | Creditor Name and Address  | <b>Describe the Property</b>                                   |   | Date                                     |                                   | Value of the                      |
|     |  | Explain what happened  | 4                                       |  |                                   | property                          |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment bec  ■ No □ Yes. Fill in the details.   | otcy, did any creditor, inc                                    |   | nancial institutio                       | n, set off any                    | amounts from your                 |
|     | Creditor Name and Address  | Describe the action the  | e creditor took                         |  | action was                        | Amount                            |
| 12. | Within 1 year before you filed for bankruptocourt-appointed receiver, a custodian, or a  No Yes  |  | erty in the possess                     | taken                                    |                                   | efit of creditors, a              |
| Pa  | rt 5: List Certain Gifts and Contributions   |  |   |  |                                   |                                   |
| 13. |  | tcy, did you give any gift                                     | s with a total value                    | of more than \$60                        | 00 per person                     | ?                                 |
|     | Gifts with a total value of more than \$600 per person   | Describe the gifts   |   | Dates<br>the g                           | s you gave<br>ifts                | Value                             |
|     | Person to Whom You Gave the Gift and Address:  |  |   |  |                                   |                                   |

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| 14. | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity  No Yes. Fill in the details for each gift or contribution. |                                |  |               |  |                           |  |  |
|-----|--|--------------------------------|--|---------------|--|---------------------------|--|--|
|     | Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code  | total                          | Describe what you contributed  |               | Dates you contributed                          | Value                     |  |  |
| Par | t 6: List Certain Losses   |                                |  |               |  |                           |  |  |
| 15. | Within 1 year before you filed for bankru disaster, or gambling?   | ıptcy or                       | since you filed for bankruptcy, did  | you lose anyt | thing because of the                           | ft, fire, other           |  |  |
|     | ■ No □ Yes. Fill in the details.   |                                |  |               |  |                           |  |  |
|     | Describe the property you lost and how the loss occurred   | Include                        | the amount that insurance has paid. Insurance claims on line 33 of Schery. | List          | Date of your<br>loss                           | Value of property<br>lost |  |  |
| Par | t 7: List Certain Payments or Transfer   | s                              |  |               |  |                           |  |  |
| 16. | Within 1 year before you filed for bankru consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition process.  No Yes. Fill in the details.  | preparin                       | ng a bankruptcy petition?  |               |  | erty to anyone you        |  |  |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You  |                                | Description and value of any property transferred                          |               | Date payment<br>or transfer was<br>made        | Amount of payment         |  |  |
|     | The Semrad Law Firm<br>11101 S Western<br>Chicago, IL 60643  |                                | \$350.00 payment   |               | 12/12/2015                                     | \$350.00                  |  |  |
| 17. | Within 1 year before you filed for bankrupromised to help you deal with your cre Do not include any payment or transfer tha  No Yes. Fill in the details.  | ditors o                       | r to make payments to your credito   |               | or transfer any prope                          | erty to anyone who        |  |  |
|     | Person Who Was Paid<br>Address   |                                | Description and value of any prop<br>transferred                           | perty         | Date payment or transfer was made              | Amount of payment         |  |  |
| 18. | Within 2 years before you filed for banks transferred in the ordinary course of you include both outright transfers and transfer include gifts and transfers that you have all No                        | u <b>r busin</b> e<br>s made a | ess or financial affairs?<br>as security (such as the granting of a        |               |  |                           |  |  |
|     | Yes. Fill in the details.  Person Who Received Transfer Address  Person's relationship to you  |                                | Description and value of property transferred                              |               | any property or<br>received or debts<br>change | Date transfer was made    |  |  |
|     |  |                                |  |               |  |                           |  |  |

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Debtor 1 Lakisha I Harris

| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)  No Yes. Fill in the details. |  |                   |              |  |   |  |  |
|-----|---|--|-------------------|--------------|--|---|--|--|
|     | Name of trust   | Description and  | value of the pro  | operty trans | sferred  | Date Transfer was made                        |  |  |
| Par | tt 8: List of Certain Financial Accounts, Inst  | ruments, Safe Depos  | it Boxes, and S   | Storage Uni  | ts   |   |  |  |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associ ■ No ■ Yes. Fill in the details.                                      | other financial accou  | ınts; certificate | s of depos   | •  | •   |  |  |
|     |   | Last 4 digits of account number  | Type of acco      | ount or      | Date account was closed, sold, moved, or transferred | Last balance<br>before closing or<br>transfer |  |  |
| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?  No Yes. Fill in the details.  |  |                   |              |  |   |  |  |
|     | Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  | Who else had access to it?  Address (Number, Street, City, State and ZIP Code) |                   | Describe     | the contents   | Do you still have it?                         |  |  |
| 22. | Have you stored property in a storage unit or  ■ No □ Yes. Fill in the details.   | place other than you   | r home within     | 1 year befo  | re you filed for bankrup                             | otcy  |  |  |
|     | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  Who else has to it? Address (Number, Street, City, State and ZIP Code) State and ZIP Code  |  | er, Street, City, |              | the contents   | Do you still have it?                         |  |  |
| Par | t 9: Identify Property You Hold or Control fo   | or Someone Else  |                   |              |  |   |  |  |
| 23. | Do you hold or control any property that some for someone.  No Yes. Fill in the details.  | neone else owns? Inc   | lude any prope    | rty you bor  | rowed from, are storing                              | ) for, or hold in trust                       |  |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the pro<br>(Number, Street, City,<br>Code)                            |                   | Describe     | the property   | Value   |  |  |
| Par | rt 10: Give Details About Environmental Infor   | rmation  |                   |              |  |   |  |  |

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 Lakisha I Harris

| 24.           | Has   | Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?                               |                                  |  |                                |  |                    |  |  |
|---------------|---|--|----------------------------------|--|--------------------------------|--|--------------------|--|--|
|               |   | No<br>Yes. Fill in the details.  |                                  |  |                                |  |                    |  |  |
|               |   | me of site<br>dress (Number, Street, City, State and ZIP Code)   |                                  | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code)       | d                              | Environmental law, if you know it              | Date of notice     |  |  |
| 25.           | Hav   | e you notified any governmental unit of  | any r                            | elease of hazardous material?  |                                |  |                    |  |  |
|               |   | No<br>Yes. Fill in the details.  |                                  |  |                                |  |                    |  |  |
|               |   | me of site dress (Number, Street, City, State and ZIP Code)  |                                  | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code)       | d                              | Environmental law, if you know it              | Date of notice     |  |  |
| 26.           | Hav   | e you been a party in any judicial or adr  | ninist                           | rative proceeding under any env  | iron                           | mental law? Include settlements                | and orders.        |  |  |
|               |   | No<br>Yes. Fill in the details.  |                                  |  |                                |  |                    |  |  |
|               |   | se Title<br>se Number  |                                  | Court or agency<br>Name<br>Address (Number, Street, City,<br>State and ZIP Code) | Na                             | ture of the case                               | Status of the case |  |  |
| Par           | t 11:   | Give Details About Your Business or  | Conn                             | ections to Any Business  |                                |  |                    |  |  |
| 27.           | With  | Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?                                 |                                  |  |                                |  |                    |  |  |
|               |   | ☐A sole proprietor or self-employed in   | a tra                            | de, profession, or other activity,   | eith                           | er full-time or part-time                      |                    |  |  |
|               | ☐A member of a limited liability company (LLC) or limited liability partnership (LLP) |  |                                  |  |                                |  |                    |  |  |
|               | ☐A partner in a partnership   |  |                                  |  |                                |  |                    |  |  |
|               |   | ☐An officer, director, or managing executive of a corporation  |                                  |  |                                |  |                    |  |  |
|               |   | ☐An owner of at least 5% of the voting or equity securities of a corporation   |                                  |  |                                |  |                    |  |  |
|               |   | No. None of the above applies. Go to Part 12.  |                                  |  |                                |  |                    |  |  |
|               |   | Yes. Check all that apply above and fill in the details below for each business.   |                                  |  |                                |  |                    |  |  |
|               | Business Name   | Desc   | cribe the nature of the business |  | Employer Identification number |  |                    |  |  |
|               |   | Address<br>(Number, Street, City, State and ZIP Code)  |                                  | Name of accountant or bookkeeper   |                                | Do not include Social Security number or ITIN. |                    |  |  |
|               |   |  |                                  |  |                                | Dates business existed                         |                    |  |  |
| 28.           |   | nin 2 years before you filed for bankrup<br>itutions, creditors, or other parties.   | tcy, di                          | d you give a financial statement   | to a                           | inyone about your business? Inclu              | ude all financial  |  |  |
|               |   | No<br>Yes. Fill in the details below.  |                                  |  |                                |  |                    |  |  |
|               |   | me<br>dress<br>mber, Street, City, State and ZIP Code)   | Date                             | Issued   |                                |  |                    |  |  |
| Par           | t 12:   | Sign Below   |                                  |  |                                |  |                    |  |  |
| are 1<br>with | rue a<br>a ba   | ad the answers on this <i>Statement of Fin</i> and correct. I understand that making a sankruptcy case can result in fines up to . §§ 152, 1341, 1519, and 3571. | false                            | statement, concealing property,  | or c                           | obtaining money or property by fra             |                    |  |  |
| Lak           | kisha   | sha I Harris<br>a I Harris<br>re of Debtor 1   |                                  | Signature of Debtor 2  |                                |  |                    |  |  |
| Dat           | e [   | December 18, 2015  |                                  | Date   |                                |  |                    |  |  |

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| Did you attach additional page  | ges to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107) |  |  |  |  |  |
|---|--|--|--|--|--|--|
| ■No   |  |  |  |  |  |  |
| □Yes  |  |  |  |  |  |  |
| Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? |  |  |  |  |  |  |
| ■No   |  |  |  |  |  |  |
| ☐Yes. Name of Person  | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).    |  |  |  |  |  |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Cha | apter 7: | Liquidation        |  |
|-----|----------|--------------------|--|
|     | \$245    | filing fee         |  |
|     | \$75     | administrative fee |  |
| +   | \$15     | trustee surcharge  |  |
|     | \$335    | total fee          |  |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

#### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

#### (Court-Approved Retention Agreement, Revised as of 4/20/2015)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.

- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney

and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.

- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.

### C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
  - The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
  - (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
    - The Debtor and Attorney have entered into an advance payment retainer for a flat fee to cover all work reasonably necessary to complete the case absent any extraordinary circumstances as provided in paragraph 1 above.
  - (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
  - (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
  - (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
  - (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee required in the case of \$310.00
- 3. Before signing this agreement, the attorney has received , \$350.00

toward the flat fee, leaving a balance due of \$3,650.00; and \$0.00 for expenses,

leaving a balance due for the filing fee of \$0.00

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: December 18, 2015                      |                            |
|--|----------------------------|
| Signed:                                      |                            |
| /s/ Lakisha I Harris                         | /s/ Marcie Venturini       |
| Lakisha I Harris                             | Marcie Venturini 6203500   |
|  | Attorney for the Debtor(s) |
|  |                            |
| Debtor(s)                                    |                            |
| Do not sign this agreement if the amounts ar | re blank.                  |
|  | Local Bankruptcy Form 23c  |

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B2030 (Form 2030) (12/15)

### **United States Bankruptcy Court**Northern District of Illinois

| In r | e Lakisha I Harris  |   | Case No.             |                                     |
|------|---|---|----------------------|-------------------------------------|
|      |   | Debtor(s)                               | Chapter              | 13                                  |
|      | DISCLOSURE OF COMPE   | NSATION OF ATTOR                        | NEY FOR DI           | EBTOR(S)                            |
| 1.   | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filin be rendered on behalf of the debtor(s) in contemplation of  | to me, for services rendered or to      |                      |                                     |
|      | For legal services, I have agreed to accept   |   | \$                   | 4,000.00                            |
|      | Prior to the filing of this statement I have received   |   | \$                   | 350.00                              |
|      | Balance Due   |   |                      | 3,650.00                            |
| 2.   | The source of the compensation paid to me was:  |   |                      |                                     |
|      | ■ Debtor □ Other (specify):   |   |                      |                                     |
| 3.   | The source of compensation to be paid to me is:   |   |                      |                                     |
|      | ■ Debtor □ Other (specify):   |   |                      |                                     |
| 4.   | ■ I have not agreed to share the above-disclosed comp   | pensation with any other person u       | inless they are mem  | bers and associates of my law firm. |
|      | ☐ I have agreed to share the above-disclosed compensations copy of the agreement, together with a list of the nar   |   |                      |                                     |
| 5.   | In return for the above-disclosed fee, I have agreed to re  | ender legal service for all aspects     | of the bankruptcy    | case, including:                    |
|      | <ul><li>a. Analysis of the debtor's financial situation, and rende</li><li>b. Preparation and filing of any petition, schedules, stat</li><li>c. Representation of the debtor at the meeting of credite</li><li>d. [Other provisions as needed]</li></ul> | ement of affairs and plan which         | may be required;     |                                     |
| 6.   | By agreement with the debtor(s), the above-disclosed fee  | e does not include the following        | service:             |                                     |
|      |   | CERTIFICATION                           |                      |                                     |
| this | I certify that the foregoing is a complete statement of any bankruptcy proceeding.  | y agreement or arrangement for p        | payment to me for re | epresentation of the debtor(s) in   |
|      | December 18, 2015   | /s/ Marcie Venturini                    |                      |                                     |
| Date |   | Marcie Venturini 62                     |                      |                                     |
|      |   | Signature of Attorney<br>THE SEMRAD LAV |                      |                                     |
|      |   | 20 S. Clark Street                      |                      |                                     |
|      |   | 28th Floor<br>Chicago, IL 60603         |                      |                                     |
|      |   | (312) 913 0625 Fa                       | ax: (312) 913 063    | I                                   |
|      |   | rsemrad@semradla                        |                      |                                     |
|      |   | Name of law firm                        |                      |                                     |

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Revised as of 4/20/15)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.



- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.

- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.



### C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate

- tasks and functions for the attorney and support staff; some of which require legal expertise while others may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.



#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4000.00
- 2. In addition, the debtor will pay the filing fee required in the case of \$ 310.00
- 3. Before signing this agreement, the attorney has received, \$ 350.00 toward the flat fee, leaving a balance due of \$ 3650.00 ; and \$ 72.00 for expenses, leaving a balance due for the filing fee of \$ 310.00

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date: 12/12/15

Signed:

Debtor(s) Attorney for the Debtor(s)

Do not sign this agreement if the amounts are blank.

### Case 15-42693 Doc 1 Filed 12/18/15 Entered 12/18/15 14:41:30 Desc Main Document Page 65 of 67

### United States Bankruptcy Court Northern District of Illinois

| In re | Lakisha I Harris                             | Debtor(s)   | Case No. Chapter 13        |                |
|-------|--|---|----------------------------|----------------|
|       | VER  | RIFICATION OF CREDITOR M                                  | ATRIX                      |                |
|       |  | Number of   | Creditors:                 | 45             |
|       | The above-named Debtor(s) h (our) knowledge. | nereby verifies that the list of creditor                 | ors is true and correct to | the best of my |
| Date: | December 18, 2015                            | /s/ Lakisha I Harris Lakisha I Harris Signature of Debtor |                            |                |

Aargon ColCaset 15-42693 nc Doc 1 Privet 12/18/15 Na Enterted 12/18/15 14:14130 Of Dest/Main ent 3025 West Sahara Ave Attocumentms Page 66 of 67 Las Vegas, NV 89102 Po Box 9400 Wilkes Barr, PA 18773 Wilkes Barr, PA 18773 City of Chicago

33 N. LaSalle St.
Suite 1200
Chicago, IL 60602

Dept Of Ed/Navient
Attn: Claims Dept
Po Box 9400
Wilkes Barr, PA 18773

Dept Of Ed/Navient
Attn: Claims Dept
Po Box 9400
Wilkes Barr, PA 18773

Wilkes Barr, PA 18773 Consumer Portfolio Svc Dept Of Ed/Navient Dept Of Ed/Navient
Attn:Bankruptcy Attn: Claims Dept Attn: Claims Dept
19500 Jamboree Rd Po Box 9400 Po Box 9400
Irvine, CA 92612 Wilkes Barr, PA 18773 Wilkes Barr, PA 18773 Cybrcollect
3 Easton Oval Ste 210
Columbus, OH 43219
Dept Of Ed/Navient
Attn: Claims Dept
Po Box 9400
Wilkes Barr, PA 18773
Dept Of Ed/Navient
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Box 3025

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Lansing, IL 60438

Po Box 3025 Lansing, IL 60438 New Albany, OH 43054

Dupage County Clerk
505 County Farm Rd
Peoples Gas
200 E Randolph St
20th Floor
Wheaton, IL 60187
Chicago, IL 60601

ERC/Enhanced Recovery Corp Porche Harris 8014 Bayberry Rd

Jacksonville, FL 32256

Willowbrook, IL 60527 16 W 578 Honey Suckle Rose Lane

Exeter Finance Corp Secretary Of State
Po Box 166097 2701 South Dirken Parkway
Irving, TX 75016 Springfield, IL 62723 Po Box 166097 Irving, TX 75016

The Cash Store GM Financial PO Box 183834 266 E Roosevelt Rd Arlington, TX 76096 Lombard, IL 60148

GM Financial PO Box 182963 Chicago, IL 60628

Great American Finance Attn: Bankruptcy 20 N Wacker Dr. Suite 2275 Chicago, IL 60606

IC Systems, Inc 444 Highway 96 East Po Box 64378 St Paul, MN 55164

Illinois Dept of Transportation 2700 Ogden Ave Downers Grove, IL 60515

Maroon Financial Credi 5525 S Ellis Ave Ste C Chicago, IL 60637